The PUBLIC HEALTH NURSE

Title Reg. U. S. Pat. Off. VOL. XV DECEMBER, 1923 No. 12

The Crippled Child as a Public Health Nursing Problem

By Edna L. Foley, R. N.

Published Monthly by the National Organization for Public Health Nursing, 370 Seventh Ave., New York
The Premier Press, Printers, 1515 East 18th Street, Cleveland, Ohio

A POLISH MOTHER

From a photograph brought from Poland by Miss Sophie Nelson.

The PUBLIC HEALTH NURSE

Volume XV DECEMBER, 1923 Number 12

A CHRISTMAS BLESSING

Oh, may the Prince of Peace look down
And bless your house, and bless your town,
Your kinsfolk who are near to you,
Your neighbors who are dear to you,
And may His smile light all your way
And every day be Christmas day.

"And It Came Over and Stood Where the Young Child Was"

LONG centuries have passed since the shepherds witnessed the bright shining of that particular star, and steadily down these centuries has streamed the river of life in renewal—young childhood.

In the supremest sense Christ may be termed the Defender of Childhood, its guardian and its sponsor. Did He not tell us that of such is His imperishable kingdom? In a world where might holds sway He commended weakness to the mercy of the strong, and often spoke of young children in words of approval, asking those about Him to conform to their thoughts and ways of being.

And how has the young child fared in our midst since then?

How could it fare in a world where war, pestilence, famine, sin and ignorance have wandered ceaselessly up and down the earth devouring the weak and attacking the strong?

Against these terrors the bright aegis of mother love has been wellnigh the only earthly protection of the young and frail and tender; and because of this, because the mother has proved so powerful a refuge, we still even now imagine that she has some secret talisman—some magic practice—which exempts her from the necessity of learning that greatest, that most exact of arts and sciences—the care and nurture of childhood. And thus, in spite of her love and sacrifice, and in spite of the many and varied works we undertake, the divine seed of immortality fails of its high estate.

All the treasures of our knowledge and helpfulness should be shared with the mother, with the one who loves most, who suffers most, who is earliest entrusted with the care of young childhood. She should be the object of our greatest care and solicitude, because through her more than through any other we can secure the safety of the child and the improvement of human kind. Untaught, unaided, she must work against difficulties so great that they will frustrate all the other work we plan or do. She stands at the source of life and to her belongs the little one who will later

find so many uses for his strength, so many pitfalls for his weakness.

It is your young child, sweet mother, who finds in that far-away night of the Nativity an Advocate and Friend, and it is for you that the angels sing together, since through you, because of your opportunity to mould and fashion the bodies and souls of your children, must come the fulfilment of the prophecy: "Peace on earth, good will towards men."

ISABEL W. LOWMAN.

PROVISIONAL SECTION MADE PERMANENT

IT may not be generally known that at the recent meeting of the American Public Health Association, the Section on Public Health Nursing was made a permanent section. The reasons for this decision on the part of the Governing Board of the American Public Health Association are due, we believe, first, to the good prenatal care the Section received in advice and help from the Board and various members who urged the development of such a Section; second, to the earnest desire on the part of the Section itself to be so well born that it would be of real help to the parent body.

There is some misunderstanding in the minds of both health officials and public health nurses regarding many points that have to do with the development of a public health nursing service. In some instances this is due to lack of knowledge on the nurse's part of the problems in administration of which the health officer may not approve but which he cannot change, and in some instances is due to the fact that the health official does not always realize that the public health nursing group has a contribution to give other than the actual nursing service it renders. It seems logical therefore, that the American Public Health Association, which includes among its members a large number of health officers, both state and local, should be the clearing house for discussion of all such problems.

Lest there be a thought in the mind of anyone that the Nursing Section in this Association means building up another nursing organization, banish the thought. The only reason for a "Nursing Section" in this Association is because in no other organization of which we know is the opportunity given for the Health Officers and the public health nurses to meet as members and co-workers, and by fair and free discussion arrive at decisions that will be of help to all.

The American Public Health Association differs from other health organizations not only in its membership, which includes doctors, health officers, bacteriologists, sanitary engineers, statisticians, nurses, health publicity workers, etc., but because it is endeavoring to become a professional group with the object of establishing a public health profession. As workers in the public health profession, nurses should be members of this Association.

At the recent meeting in Boston a report was made by the Nursing Section regarding the qualifications of nurses in city and private organizations. The report brought out much discussion, the most important point of which was that definite standards for public health nurse qualifications have been made by very few of the organizations included in the report. During the coming year it is the plan of the Nursing Section to study this problem more in detail and be able to suggest for discussion and possible acceptance at the next meeting, qualifications for public health nurses which could be used as a guide by Health Departments and Civil Service Boards.

How are the public health nurses to help? By joining the Association as a Fellow if you are eligible—if not, join as a member and become affiliated with the Nursing Section. The Section has made a good beginning. Let us see that it continues.

MARGARET K. STACK, R.N.

THE CRIPPLED CHILD AS A PUBLIC HEALTH NURSING PROBLEM*

By Edna L. Foley
Superintendent of the Visiting Nurse Association of Chicago

THE work and objective of every good public health nurse are so well known to most of this audience that it would be a waste of time to define them further, but what picture does the term "crippled child" conjure up before our mental vision? Does it include, as it should, all youngsters whose physical frames deviate ever so slightly from the normal standard of growth, sturdiness and vigor that should be every child's birthright, or does it only serve to help us recall the pitiful bits of human wreckage that from time to time come into our work?

Is the crippled child a human quadruped with withered, twisted, powerless limbs or is he a child whose heart condition will some day put him on the economic scrap heap? Is he a child whose mental instability is constantly harmed by his environment or is he one left helpless by arthritis, poliomyelitis, tuberculous joint infection or badly patched bones and tissues that were originally damaged by fractures or burns? Is his handicap a very incipient thing, entirely a matter of posture which can perhaps, be traced to poor nutrition, bad training or unfortunate environment?

In our eagerness to help his mind, have we forgotten that physical care and mental training should go hand in hand? An illiterate adult on whose once deformed body years of corrective work have been spent, is little happier than the eager, ambitious youth who has been given everything in the way of adequate academic preparation but whose preventable deformities are not only painful to witness but keep him confined to the comparatively small circle that may be reached from a wheel chair.

A definition of a crippled child should be all-embracing, for preventive work in the pre-school and first grade years can be just as fruitful of good results as prophylaxis in typhoid, tuberculosis or scarlet fever.

Holding Center of Stage

The crippled child is beginning to hold the center of the stage which was occupied by the well baby and the tuberculous patient ten or twenty years ago. Why? Surely not because there are more crippled children in the United States than there were then! No. Rather because the splendid, persistent efforts of the orthopedic surgeons are finally being recognized, and the distribution of public health nurses in small towns and rural communities is bringing the children to light before they have reached manhood and the poorhouse. The work of the Harvard Infantile Commission, of the Orthopedic Committee of the Brooklyn Visiting Nurse Association and of the Committee on Aftercare and Study of Infantile Paralysis of the Visiting Nurse Association of Chicago and other similar bodies, is bringing together skilled, untiring scientists, research workers, intelligent, generous laymen, nurses, teachers and physiotherapists, all of whom are only too anxious to seek help for children once considered beyond repair.

Last week a public health nurse in a northern Province of Canada wrote: "I wonder if you could give me some idea of muscle training and massage treatment, or advise me where to go to find it? I realize that I cannot give the children as good care with so little supervision but it surely will be better than nothing. There are only two of us here and we cannot get away to study and the children must be helped." Just a few days before, a summer resident at a fashionable northern resort came in to a Visiting Nurse Association

* Given at Annual Meeting of the American Public Health Association, Boston, Mass., October 8–11, 1923.

office to ask how she could get care for a nine year old boy so ambitious that he is being taken back and forth to school in a little express wagon by his playmates, and for a four year old child. In each case the parents are able to do something but they cannot afford an expensive trip and long-drawn-out care in a large city. Earlier in the year, a county Red Cross nurse, with the warm endorsement and aid of the County Medical Society, got an able orthopedic specialist down from a distant city to the County Seat. Almost an entire day was spent in examining crippled children and consulting with parents and family physicians. As a result, several of these youngsters and their mothers were later taken to the same city. One child was fitted out with apparatus and the mother taught some simple exercises. Three others were operated upon, and some fine constructive work was started for a whole county.

This sounds comparatively easy. How many of us here, after a successful clinic, would spend months arguing, protesting, pleading with ignorant, frightened parents of not overly bright youngsters who, with the best of care, may never get beyond the brace and crutches stage? How many would tackle, over and over again, county overseers much more interested in good roads than in crippled children, or smug local committees, unwilling to touch their comfortable balances because a war or a tornado may find them stranded? Is it remarkable that it took nearly a year to get the clinic, and months to get the children to a hospital? I am only hoping that these youngsters were welcomed home with a torch-light procession, for their treatment and enormously improved physical conditions marked an epoch in their particular county that will have more far-reaching results than the nomination of the next candidate for political office.

The orthopedic surgeons and certain hospitals for children in this country have been the trail-blazers and fire-builders in the work for crippled children, and the public health nurses who know crippled children are the torch-bearers who carry this knowledge to secluded homes and remote places.

How Replace the "Guess and Error" Method?"

Here, however, we find our great difficulty. The average graduate nurse (and most of us are average, if we would admit it), does not know crippled children. Self-education is a marvelous achievement in books but life is long, the work of a good nurse is never done, and we do her, as well as the badly crippled child, a great injustice when we ask her to learn by the "guess and error" method how to help the handicapped child.

There are hardly ten hospitals in this country that teach good orthopedic nursing. There are probably not as many in which preventable deformities are not overlooked until they are past prevention. Why this is true is not easily answered. Most hospitals are understaffed; everyone is over-worked. The convalescent fracture is less carefully watched than the badly burned patient whose life hangs in the balance, whose dressing is done with the thought of shock so constantly uppermost that fingers are allowed to grow together, toes become a shapeless mass, and elbows and knees crook outrageously. Does anyone really know if careful attention to the position in which a toxic, comatose patient is lying, lessens his chances of recovery?

Knowledge About Normal Children

Can we not all be taught something about normal children, their natural posture, their mental reactions, so that we may have some sort of a yard-stick with which to measure up the deficiencies and differences in the child made suddenly abnormal by acute illness or accident? I hold no brief for the posture addicts but surely they can help us work out these problems. We have known for centuries that the holy men of India developed their own deformities but we have

made precious little application of this knowledge in our hospitals. Text-books for nurses touch lightly on this all-important question. Reading a text-book for surgeons, one thinks of the crippled child as an attachment to an operating room table, a thing in a plaster cast, or something requiring an ether bag.

Could not some very skillful surgery meet with more immediate success if aftercare were taught and demonstrated as thoroughly as surgical technique is insisted upon? Only a few nurses get this aftercare training now—but print is universal and most people can be encouraged to read. After all, the public health nurse is merely the hospital nurse once or twice removed. We ought to help her early.

How the Community Can Help

It has been difficult proving that muscle training, light massage and baking can do a lot for all kinds of developing deformities, whether their origin was traumatic, pathological or postural. We cannot hope to make every future public health nurse a skilled physio-therapist, even if it were wise to try to do so, but we can begin to help her by encouraging the increase in county and state clinics for crippled children—not necessarily conducted by public funds; by lending a sympathetic ear when she tries to get help for the few patients in her district or county, as the case may be.

In most hospitals, the crippled child, except when it is an immediate surgical case or is suffering from some other acute condition like pneumonia or appendicitis, is refused admission because it ties up a bed for such a long period. Perhaps this is one reason why public health nurses, especially those doing county work and school work, are so frequently finding deformed adults who were, perhaps curable children at one time; and also the reason why public health nurses know so little about the sort of advice and much less about the care that a crippled child or adult needs.

Every public health nurse finds crippled children whose care is beyond her control or understanding. Pathetic letters written by nurses and parents to famous clinics or busy surgeons prove this. Nevertheless we may be reasonably sure that many of these public health nurses are not detecting the preventable deformities, the children with the beginning spinal curvatures, with the pre-disposition to tuberculosis, or the chorea patient who has been returned to school too early. The nurse's judgment in advising and placing these patients is not always good. A shocking case that would appeal to everyone may get two-thirds of the time of one nurse, although mentally as well as physically it is beyond human aid; whereas a dozen other patients who can easily be helped, will escape her notice because the first child has made such demands upon her sympathy as well as upon her time.

Those Who Should Share the Burden

The crippled child is part of the public health nursing problem but it is by no means exclusively the problem of the public health nurse. She shares this burden with parents, physicians, teachers, boards of education, juvenile courts, and in the last analysis, with the citizens and tax-payers of her community. But by the very nature of things, the public health nurse is a good person to ferret out the neglected, untrained crippled child, for her work takes her into both the home and the school.

Someone—I think it was Sir Robert Jones—has suggested the following program as an adequate one for the care of the crippled children:

First, get them early.
Second, overcome parental ignorance.
Third, early evacuation from hospitals.
Fourth, convalescent care.
Fifth, aftercare in special schools.

If we put this outline into the hands of every public health nurse and tell her to follow it, we give her a compass. But it does little good to give a compass to a mariner unless we supply him with a boat. We must

support the public health nurse by enabling her to get adequate and good care for all of the crippled children whom she finds. We can lessen her work by teaching hospitals something about the prevention of needless deformities, and if each and every one of us take upon ourselves the task of helping the public health nurse put this program over in her particular bailiwick, we shall, as citizens of a great country and contributors to diverse good causes, secure a little "cudos" for ourselves and without borrowing present Russian methods, make it possible for a large group of our fellow human beings to enjoy the life, liberty and pursuit of happiness which our forefathers tried to secure for them.

INDUSTRIAL NURSING POSSIBILITIES IN SOUTH CAROLINA

The National Organization for Public Health Nursing has recently received a communication from the Board of Operatives of the Abbeville Cotton Mills, Abbeville, South Carolina, which conveys such a clear conception of the advantages of health protection and education for the fortunate employes of the mill and the village people as well, that we are sure public health nurses will feel newly encouraged by this acceptance of our ideals. Evidently industrial nursing is here interpreted in terms of a community program, in contrast with the outworn idea of first aid in emergency only. We are given the privilege of making the following abstract of the letter.

Our idea for our nurse is one who can do emergency nursing if need be until the patient can be removed to hospital, or a regular nurse provided; who can assist in developing a clinic where people suffering from injuries or sickness in the mill or village can come for treatment; who can assist in organizing special clinics for the teeth, eyes, etc.; who can help us develop regular physical examinations among the workers; who can carry on health education work in the community both in the homes and through clubs or other organizations; who can investigate and report on cases of sickness causing absenteeism or when claims under the sick benefit provision may arise; who can bring to the mothers the recent development in methods of caring for babies and a knowledge of dietetics. In other words, to help us work out all the problems which arise in industrial nursing. Training in social service work and public health nursing is a decided asset.

Inasmuch as we are a small mill, having about four hundred employees, part of the nurse's time might be given to assisting the girls and women's club work. . . . It is a new field and should be very satisfactory from the point of view of allowing the exercise of initiative and organizing ability. About the only limitation of the work would be financial ones, which, of course, are always present in any organization.

This work is controlled by the Board of Operatives, elected by the workers, and consequently is one of the most interesting and promising experiments in the south.

The executive secretary of the Board of Operatives has stated that "this conception of the possibilities is on the part of the workers themselves." The letterhead of the organization is headed, "Christian Ideals at Work in Industry" and an explanatory note says:

The Operatives—

1. Control Mill Village.
2. Are represented on Advisory Board.
3. Share Profits.
4. Carry Insurance on Life, Health, Accident, Unemployment.
5. Have Full Charge of All Welfare Work and Recreation.

"YES, I'LL TAKE CARROTS!"

Again the Christmas seal sale is upon us. This incident at a family dinner table brings to mind the fact that it is part of our responsibility also to contribute toward the educational campaign of the National Tuberculosis Association and its affiliated state and local organizations.

AN interesting and enlightening experience it was the other day to hear our aged-ten niece say at the table, "Yes, I'll take carrots!" We all exclaimed over this and wished to know the reason for her sudden change in taste. Indeed the bourgeois carrot, because of its unpopularity with our sister's family, old and young, seldom appeared at our table. For some unknown reason, however, it had thrust its humble self into the vegetable dish.

"Yes, I'll take carrots," reiterated my niece as she helped herself to a large portion. She added naively, "I told cook to have them. They're absolutely necessary in a healthy diet."

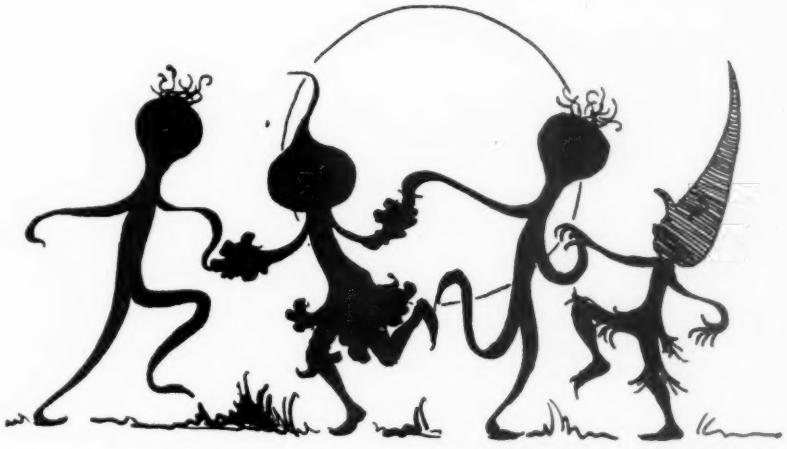
"That's what we've been trying to tell you for ten years, my dear," said our sister. "*Why* the sudden change of heart?"

"Well, I'm trying to build up resistance against tuberculosis germs," said our niece blandly.

"Good heavens!" we thought to ourself. "How pedantically intelligent the babe is!" And we realized suddenly what an age of health we are living in. Out of the mouths of our infants come truths about open windows, tuberculosis germs, exercise, and nutrition.

We remembered then that in the morning we had purchased some Christmas seals. It unexpectedly dawned upon us that we and everybody else who buys the seals are indirectly responsible for this revolutionizing of the younger generation. The health campaign that urges prevention of tuberculosis seems to have made its message of the Christmas seal visible in more corners than on just the packages and envelopes where the stickers appear in December.

ELIZABETH L. COLE



Courtesy of The American Child Health Association

PRACTICAL CO-OPERATION BETWEEN PUBLIC HEALTH NURSES AND SOCIAL WORKERS*

By Katharine Tucker
Superintendent of the Visiting Nurse Society of Philadelphia

MAY I take you into my confidence and admit that after choosing my subject, I became rather alarmed at my temerity on two scores. Certainly in the past it has been a brave person who deliberately set out to discuss the problems involved in the relationship of nurses and social workers. And, secondly, I wondered if such a discussion of practical details would not more properly belong in a small Round Table meeting rather than in a general session. I consoled myself, however—possibly through a rationalizing process—that it was high time that the whole bug-a-boo about nurses and social workers was laid and that this could not be done by running away from it. In fact, it might help a little to lay it, if we considered the matter quite practically this morning. Also, back of these details we are about to consider, are general principles which are applicable to the relationship between any two closely allied fields of work and therefore a somewhat minute analysis may not be out of place in a general session.

A remarkable phenomenon has arisen recently in the development of both social and health work, the practical implications of which we are just realizing. It can mean confusion and over-lapping, or intelligent understanding and most constructive progress. Such diverging and crucial possibilities make it seem worth while for us to stop and take account of stock, surveying these trends and considering in some detail the best direction to take. The phenomenon referred to might be characterized as an exchange of interest and emphasis in the two fields involved. The social worker is constantly becoming more and more concerned with health while the public health nurse is increasingly observant of social problems with their health implications. May I comment parenthetically that some of the best health workers I have known have been social workers and some of the best social workers, public health nurses.

This exchange of emphasis is but a natural result of intelligent observation on the part of both. The social worker has, for a long time, recognized that it is no use to make a social plan for a family without consideration of every phase of the health situation. In such a practical question as the making of a budget, the health needs along nutrition lines are often the conditioning factor as to the size of the budget. When the wage earner's health is concerned, the extent to which it is affected and the prognosis is of necessity an immediate concern to the social worker. Far too often the whole question of the social mal-adjustment in any family may have a health origin. Correspondingly, the public health nurse equally appreciates the effect of social situations on health, such as unemployment, housing, economic pressure, unhealthful employment, insufficient recreation, domestic maladjustments, etc.

The inevitable result of this is the present situation—the intelligent social worker in making a social plan includes a health program for the family and the public health nurse includes a social plan. Up to a point—really two points—this is an admirable state of affairs that has long been sought. Each group can have that greatest satisfaction of seeing the result of years of effort to educate

*Given at the Annual Meeting of the Delaware Social Workers' Conference, held February 27, 1923.

the other to an appreciation of the wider implications and ramifications of their own special field. But difficulties may arise and have arisen from this broadening of the interest of each group. These are not insurmountable but yet must be faced.

In passing, the psychological effect of this situation on the two groups involved is worthy of notice. The situation is realized with consternation on the part of both more often than with congratulation. Such remarks are heard as this:

"What does a social worker know about health? She has had no medical training. Why does she not keep within her own field?" while the social worker says with bitterness, she "should think there were enough sick people to keep the nurse busy *nursing*, instead of trying to do social work which is not her concern."

A Group Study

In Philadelphia, after a study of a group of cases, made several years ago by the Society for Organizing Charity and the Visiting Nurse Society, it was found that each agency was pretty much doing the job of the other. In one particular instance, on the very day when the nurse was making arrangements for a girl to take evening classes at a settlement, and for two children to join clubs, the social worker was taking these same two children to a clinic.

To return to the two specific outstanding danger points this exchange of interest and emphasis may bring about, which were clearly illustrated in the Philadelphia study, each agency is apt to call the other in when their own treatment in the other's field has failed, thus greatly complicating the situation and seriously jeopardizing through this delay the possibility of constructive work. The second danger is that each keeps in the other's field when both are working on the family at the same time. Each really tries to handle both sides of the situation. Of course, the other extreme is the old way of complete isolation from each other's work. Confusing as this present situation may be at times, it certainly seems an improvement over the other, and far easier of correction.

Premises for a Working Basis

Before suggesting a possible solution by outlining the procedure adopted in Philadelphia after this study, may we consider certain premises that are necessary for any working basis. It is essential that each respect the other's field and the other worker as a technician. This has not always been done. Nurses are apt to look upon social workers as a very new profession, or no profession at all with few and exceedingly vague standards, while the social workers consider nursing so old a profession that it is sunk into a very deep rut and has become narrow and limited. Too often such judgment has been rendered in terms of the failures in the other group rather than their successes.

Second, each must admit that the other knows her own field best. This necessitates the social worker's seeing the nurse as something more than a bed-side worker and capable of doing something more than giving baths, while the nurse should see the social worker as something more than a dispenser of relief—who *doesn't* dispense it. The fact must be recognized that the social worker is really seeking to build up a sound *social* basis for the family just as the public health nurse is trying to give the family a *positive health* basis, the public health nurse being, therefore, the family *health* worker as the social worker is the family *social* worker.

Basis for Relationship

To turn to the practical aspect of the situation, I will illustrate with the tools used in the work-shop which I happen to know best. After the study of cases in which both the Visiting Nurse Society and the Society for Organizing Charity were involved had been made, it was clear that some definite understanding as to procedure under such circumstances was needed if glaring dupli-

cations and equally glaring gaps in work were to be avoided. Therefore a tentative basis for relationship was worked out after careful consideration by the *field* workers in both staffs. The original plan decided upon left nothing to the imagination —every "i" was dotted and every "t" crossed. In a super-effort to have no possible grounds for misunderstanding lines were drawn so finely that little room was left for adaptation to the particular case. We certainly toppled over backward in our endeavor to respect each other's fields. The impracticability of any such scheme from the standpoint of the worker and the disastrous effect from the standpoint of the family was soon apparent. This plan was revised in terms of one giving a much more general outline of procedure as follows:

1. When both agencies are visiting in the same family the workers should have a conference immediately to determine which agency should assume the family responsibility. This decision should be made in terms of the needs of the family and the services the agencies can render. It should be the duty of the *agency last to enter the family to call the conference.*

2. In the conference it should be decided which agency is to be responsible for whatever individual or general action is required in terms of the needs of the family. Such decision should be confirmed in writing, the Society for Organizing Charity volunteering to send this confirmation report, since it has more stenographic help.

3. The Society for Organizing Charity should send in writing as early as possible their social diagnosis and a suggested line of treatment. The Visiting Nurse Society should send in writing all medical diagnoses obtained, stating where obtained and by whom rendered. If these need special interpretation, in terms of medical or social treatment required, this should be included.

4. Each agency should feel a very definite responsibility to inform and interpret to the other agency any new facts, changes in a situation or contemplated action not already reported.

5. When the Visiting Nurse Society is responsible for the individual health of any member of a family it will be responsible also for the individual medical relief of this case. The Visiting Nurse Society, however, will not even temporarily give milk or diet in cases that are also under the care of the Society for Organizing Charity, since this belongs logically to the latter organization.

Factors Involved

In this outline there are certain important factors to note:

I. The whole procedure is based on a conference between the *staff workers* involved. Too often co-operation between agencies has been in terms of a pleasant conversation between the executives, the pleasantness of which has not always been reflected in the day by day contacts of the workers. According to this agreement, the decision in any case is not based on the theories of executives but rather upon the judgment of those who are closest in contact with the family and who are to carry out any decision reached.

II. The main criterion as to how the responsibility for the case should be divided is in terms of what is best *for the family* and not in terms of any hard and fast lines between the agencies.

III. It is the responsibility of each agency to keep the other in touch with the progress of the case and to consult the other *before* plans are changed.

This agreement has worked, and is continuing to work better and better, with increasingly less friction between workers and the development of a really sound understanding of each other's field.

In conclusion, it seems to me we have reason to rejoice in the similarity of our methods and our purposes. The ultimate object of both groups is the same — a sounder and healthier community. We can think of each other not as aliens but as co-workers with a lot to learn and a lot to give each other. Co-operation will then become not just a question of sentiment or a problem of how to get the other to do as we wish, but rather the development of good sound practice in actually working together day by day.

THE DELIVERY PROGRAM OF THE HENRY STREET VISITING NURSE SERVICE

By Dorothy Deming
Field Director, Henry Street Visiting Nurse Service, New York City

IN response to a request from the Editor of The Public Health Nurse, the Henry Street Visiting Nurse Service is presenting the following description of its delivery service carried on as a part of the general public health program. It is far from being a discussion of the many questions Miss Ross has brought up in her paper in the September number of The Public Health Nurse. We realize that the situation in New York City is unique because of the wealth of resources, the transportation facilities and the size of our service. Yet there may be developments in the six years of experience which will be helpful to other organizations and answer some of the questions asked by other cities.

The delivery service began late in the year 1917 in the 79th Street centre, in co-operation with the outdoor service of the Manhattan Maternity Hospital, whose students receive their field experience with Henry Street for one month. Because of the fact that we have had these students, the cost figures for that centre have been lower. Although no exact report was made of cost other than salary cost, it was estimated that the delivery cost in 1918, 1919, and 1920 amounted to approximately $10.00 of which about one-third was met by fees from the patients.

In the last months of 1921 and early in 1922, the maternity service was expanded to two other offices, Morningside and Melrose, and a night force established in these offices. It was shortly realized, however, that this could not be continued because of the excessive expenditure required, the first four months in the new territories resulting in a delivery cost of $21.00 in one instance and $17.00 in the other. It was then decided to concentrate the *night* service at 79th Street, still carrying the wider area from this office and continuing in the other two offices to attend *day* deliveries. This adjustment lessened the night staff, office personnel, light and heat problem. Its disadvantage has been the distance problem, it being, of course a much more difficult matter to reach the ends of the Bronx from 79th Street office than from the Melrose office, which is situated in the Bronx.

We feel that in trying to cover so large an area we are lessening the effectiveness of our service. Frequently the nurse loses considerable time waiting for the subway, surface or elevated trains which run irregularly in the early morning hours and arrives too late to prepare the patient or to assist the doctor.

At present the charge for the delivery service is as follows: Regular fee $5.00 for the first five hours, $1.00 per hour thereafter up to $10.00; false calls at the same rate. Necessary taxi fares are usually borne by the patient. A case is not refused because of inability to pay full fee.

A summary of the deliveries follows:—

Number of Deliveries

1918	614
1919	680
1920	644
1921	793
1922	1273
1923 (first six months)	608
Total	4612

Time Study (based on study made for six months 1922)

Delivery	Average time, 3 hrs. 44 min.
False Calls	Average time, 2 hrs. 30 min.
Delivery Calls	Average time per call, 2 hrs.

Cost Study (based on study made for six months, 1923)

Number of deliveries attended	608
Cost in time of Supervisor	$ 181.25
Cost in time of Staff	3457.53
Cost in time of students	667.31
Cost of clerical time	600.00
Rent, light, heat, carfare	47.56
	$4963.65
Average cost per delivery	$ 8.16
Average fee per delivery	3.93
Loss to organization	$ 4.23

With these facts in mind, we will take up Miss Ross's preliminary questions, point by point, as we have tried to answer them, always with the reservation that our present solution of this problem may not be the way we would *like* to see it solved.

The Need—Unquestioned.

The Cost—Please see figures.

The Personnel—We have the advantage of a month's service from each of the Manhattan Maternity Hospital Undergraduate pupils. They specialize in the maternity program.

Our staff nurses receive off duty time in compensation for night work or over time on deliveries. A nurse is never asked to give more than eight hours service without time compensation. The night service problem has been answered by a regular night staff. When calls exceed the capacity of this staff, the day staff nurses are called on. Calls must exceed eight per night to necessitate drawing on the day staff. There have been as many as 12 to 13 calls per night.

The Physician—Our nurse answers a delivery call only when a doctor is on the case. If the doctor leaves the patient, the nurse leaves. We do not watch cases. All calls are answered, provided a doctor has been sent for.

Type of Service—Emergency as well as routine calls.

Registration—No requirements. Of course, early registration is preferred.

Prenatal—This care and supervision is carried out by the nurse in the district with the co-operation of private doctor, hospital or maternity center clinic. The routine is that recommended by the Maternity Center Association and includes routine urinalysis and blood pressure on all cases (consent of private doctor), unless patients are reporting frequently for this at clinic or doctor's office.

Adequate Maternity Service—We are far from supplying adequate service. We have not as yet worked out any schedule to show how many nurses would be needed to carry fifty cases a month, as our service is so divided. A smaller organization would probably be a better test for this.

In terms of continual service, 91 deliveries in August 1923 required 1478 hours or the equivalent, in eight hour shifts, of six nurses.

There has been no attempt to place specialists in maternity work in the offices carrying delivery service. Rather it has been an effort to give every staff nurse the benefit of the delivery experience if she wants it, giving her a delivery demonstration in the office, and one supervised delivery in a home, before allowing her to answer calls alone. Undergraduate students are accompanied to the cases at night by a staff nurse.

What is a Community? A community consists of a group or company of people living fairly close together in a more or less compact, contiguous territory, who are coming to act together in the chief concerns of life. If this definition is accepted, the communistic settlements, the small town, the suburban town, the company town, the rural village, the city, and all immigrant groups cannot be called communities.—Stuart A. Queen, *Journal of Social Forces.*

(From Notes and Abstracts in *The American Journal of Sociology*, September, 1923)

WELFARE WORK AMONG THE APACHES

By Augustine Barnard Stoll, R.N.
Dulce, New Mexico

THE Apache tribe of Indians is said to have been formed about 300 years ago by the uniting of the outlaws from various tribes, chiefly the Hopii, Yumas, and Navajos. There are seven tribal groups scattered over New Mexico and Arizona. Touching Colorado on the north and extending southward into New Mexico are the Jicarilla Apaches. Their reservation lies high in the mountain, it is semi-arid with some good grazing and timber land. There are a few lakes available for irrigation but the land is generally unsuited for agricultural pursuits, and the raising of sheep is the chief source of income. These sheep were bought with the tribal funds and then issued to the Indians. Strict supervision is kept and to those Indians showing a sense of responsibility more are issued every few years so that some of the flocks have become quite large. The women make baskets and a primitive form of pottery. Rug making was introduced but as it is not a traditional art with the Apache women it did not prove successful.

The Indian and his home life might well be called unstable. Their sense of appreciation is not great and like the child, they constantly require protection and wise control.

Beliefs and Religious Rites

Their religion has the "Great Father" as God and in addition there are a great many superstitions and beliefs—some of them very beautiful. The chief form of worship is the Medicine or Bear Dance. The sick, sometimes six or seven in number, gather together in a chosen place and for four days and nights are treated by a form of faith healing by the medicine men. They are assisted by the entire tribe which assembles and pitches its tepees about the hillside so that it resembles a village. During the day the medicine men chant monotonously and endlessly to the beat of the Tom-Tom, while they grind their four herbs into powders. Regardless of the disease the medicine remains the same. In the evening the sick are taken to a tepee about which is a large corral, with sides several feet high, made from intertwined oak branches. Inside the vast enclosure are many large bonfires that are constantly fed with logs so that over all there is a soft flickering light. The dances are always held during the waxing of the moon and the scene is one of wild beauty and fascination. On one side are spread the gaudy blankets and skins upon which are squatted the

An Apache Baby

family groups—except for the men who must sit on the other side. The colors are gay and vivid, mostly red, orange and green, with brilliant handkerchiefs, fluttering ribbons and everywhere little hidden tinkling bells. The men have beautiful blankets, often with broad bands of wonderful beading across them in the form of a large cross. Their vest, leggins and mocassins are also heavily beaded

and occasionally you see the red beaded "G string." The groups are quiet and you will notice that gradually one after another of the unmarried girls will rise and glide to the open place before the medicine tepee—swaying slightly to the rhythm of the Tom-Tom. As they tire they leave the line and others take their place. Then as mysteriously as they began the little dance they cease. Suddenly there is a calling note in the music and a commotion is heard outside the corral. Then in streams a whirling, shuffling string of dancers wriggling over the enclosure in a long twisting line. The first, powdered white and wearing various wreaths about them, represent the good influence in life. The second group represent the evil and are painted in broad black and white stripes resembling snakes, and are quite naked except for the G string. Eventually the two groups form in lines opposite each other and the evil spirits taunt the good spirits, who chant endlessly in a little minor key. At times the chant is drowned by the antics of the evil ones, but in every pause it is again evident like the dominant theme in a symphony.

What have we to substitute for this ancient rite? Their faith in our medicine unfortunately is not strong; perhaps if our interest in them were more steady and proven their faith would grow. Then, too, we must have the best and most modern medicine to offer—not attempting to cure a real sickness with a pill or two, but scientifically to find the cause and eradicate it. This we are not doing. Work among the Indians requires an unfailing, accurate and yet adaptable vision—the sole prerequisite should not be merely passing the civil service examination.

The Indian is keen but limited in his ideas. We must share our religion and culture with him, and give him a constructive substitute for his sometimes harmful pleasures. But the substitute must be valuable and convincing for he has had too many makeshifts.

Family Life and Customs

As I have said, the family life is unstable. Indian marriages are simply trial marriages; they quite believe that the person loved at seventeen may not be satisfactory at twenty-seven! But their method is simple, they merely discard their early choice and take the one that pleases their more mature judgment and so on to the tottering end. The fault perhaps lies in the home itself which is usually a very simple affair; pine logs plastered together with adobe, one window and one door and except in rare instances but one room. This is the center of all activities and admits of no privacy. Frequently there are relatives or friends "just staying on." It is a hard schooling for a child if she is expected to grow up with any sense of modesty or morality. A father never denies an illegitimate child and it never seems to cause a domestic upheaval.

The life they lead is rather indolent. The men and boys watch the flocks and do the simple farming. The squaws and girls carry wood, water and cook and make baskets or do bead work. The fire-place is made by the squaw and some of them have very clever little warming shelves. They have no ovens and the baking and roasting is done in pans up-tilted before the hot coals. They have but two main meals a day and the squaw serves it to her family squatted about her in a circle. The women are the real problem, as they stay at home, forget any schooling they may have had, so that the home life is at low ebb.

The fault seems to be that there is no real relation between the school and the home life. At school the children sleep in separate beds, have attractive clean clothes and sit at tables and eat nourishing food. At the end of the school year they return to their homes where they can not carry out any of the ideas they may have acquired, because at home there are not any of the simplest refinements. The children can not help but shed their school habits with

their school clothes and their tendency is to quickly revert to type. We have a few young married couples who are the hope of the tribe. They have charming homes with many conveniences. Their babies are beautifully cared for and spotlessly clean. But they unfortunately are the exception though the number is slowly increasing. More often the homes have only a few shelves and now and then a cupboard while many have only a pile of blankets and skins on the floor with a few dishes and bags of food stacked in a corner. Often outside the houses are strings of beef cut in thin slices drying in the sun. Over all are swarms of unfought flies. The homes are not very clean and frequently have only earth floors that grow damp in the rainy season. Very often the squaws have to carry water a long distance which makes mere cleanliness a luxury. In the winter they carry big canvas bags of snow that they melt before the fire. A camp site is rarely chosen with reference to the water supply and the lakes are never used for bathing or washing. The Indians are devoted to their children but never discipline them. A six or nine months old baby is supposed to be able to eat anything, corn on the cob or choke-cherries!

School Opportunities

There are two schools on the reservation. About three years ago the Government School, then the only one, was closed with an unenviable record of overworking the children, so that the mortality was very high. About a year later a school was started by the Dutch Reformed Mission situated here. The same year the Government School was reorganized and rebuilt and made into a Sanatorium School. The plan was to send the delicate children there with a special nutrition program to build them up. The strong children were to be sent to the Mission School. Unfortunately this plan did not materialize. Children were received in each school without special reference to the strong and the delicate child, so that in each they are indiscriminately

An Apache Debutante

mixed. This interferes with the proper care of the fragile child and hinders the schooling of the well. It is difficult to have a boy needing extra food or rest take them when his older brother stands by and ridicules him. In both the Government and the Mission School last winter the underweight children were seated at one table and had special food. They also had milk and bread between meals. A great many of them improved. Those with defects did not, as we did nothing for them, except to combat cases of tonsilitis, heart trouble, rheumatism and ear infections. It seems as though a great deal of the sickness was unnecessary—but under the circumstances unavoidable. Very little has been done here in industrial or vocational work. The Junior Red Cross has sent two boxes of tools, one for each school, and instruction has been promised for the boys for this winter. The girls at the Mission School had a short course of Domestic Science last winter.

Future Community Work

We have an attractive log cabin built in the form of a maltese cross

and I hope this may develop into a community house. In it is our radio outfit. One end could be made into a library-sitting room and the other into a carpenter shop where the young men could make simple furniture for their homes while their wives read or sewed. The Junior Red Cross again will help with the curtains and books. Cupboards have been made to give to those who put down wooden floors in their cabins. Perhaps some scheme could be worked out whereby the girls of the camp could have a separate tent or cabin.

In the latter part of March my shining new Ford arrived and the spring and summer have been spent driving over the reservation, trying to win a little of their faith and liking, and here and there they have permitted me to care for them. We have had a great many violent storms so that I carry my raincoat and riding breeches with me and am prepared for any emergency. I have a highly unique dialect, a mixture of Mexican and Apache. They try to understand me but I afford them great amusement. The Indians make spendid and likable friends. Very often my car is halted by an uplifted hand and over my black medicine bag we swap symptoms and medicine ordered by the agency doctor. They are reluctant to take medicine internally but they adore liniments. I have some that fulfills the requirements—it smells and stings! Babies are tied up in little compact bundles in which they squirm ineffectually. Their heads are plastered with earth to protect the fontenelle and now and then faces are washed but ears rarely, but they are adorable.

There is a vast amount of work that could be done here and I think each year will see more and more accomplished. We are touching their lives in a more intimate way than ever before—teaching them baby care, home hygiene, and the simplest form of food values. This is new and bewildering to the older Indian—and because this is so, their response is often intolerance and a closer clinging to their old tribal beliefs. It takes tireless effort and imperviousness to snubs, but constructive work among them will be successful only in proportion to the amount of real alert interest, active understanding and actual concern that we have in the welfare of each one.

One of my patients—"No Tongue"

MEETING OF THE PROVISIONAL PUBLIC HEALTH NURSING SECTION OF THE A. P. H. A.

By Elizabeth G. Fox

THAT there is real work and valuable work to be done by a public health nursing section of the Association was demonstrated in the papers read and the discussion aroused during the session of this section at the recent annual meeting of the American Public Health Association in Boston.

At the conclusion of the discussion of a report of a study of the qualifications of superintendents and supervisors and the ratio of supervisors to field nurses in sixty-eight private and sixty-nine public nursing organizations, it was agreed that the formulation of a standard of qualifications of public health nurses in public service including superintendents, supervisors and field nurses for the guidance of official agencies and Civil Service Commissions would result in measurably improving these standards. It was therefore voted that the formulation of such a standard be undertaken jointly with the National Organization for Public Health Nursing and the Conference of State and Provincial Health Authorities. The excellent report presented by Miss Stark provoked such lively discussion that it was evident numerous important questions requiring general consideration were opened up.

That there should be questions of relationship between an old profession such as medicine and a young profession such as public health nursing is but natural. That this relationship needs analysis and exposition has been increasingly apparent. That it should be approached from the angle of the physician, the health officer and the public health nurse, since all these are concerned, is clearly in the interests of thoroughness and justice. Therefore it seemed particularly appropriate that this subject should be presented for discussion by the American Public Health Association which offers a common meeting-ground for these three groups.

To appreciate the masterly way in which the subject was handled one must read the papers of Dr. Ira Wile, representing the physician, Miss Alta Dines, representing the public health nurse, and Dr. Henry Vaughan, representing the health officer.

Each presented the subject from a somewhat different angle. Dr. Wile analyzed the development of public health nursing, emphasizing the gradual change in activities and objectives from those originally ascribed to nursing. He said, "The medical profession to a large extent still entertains its earlier connotations concerning the nature, character and function of the nurse. The lack of recognition of independence of the public health nurse has given rise to the necessity for a readjustment of her relations upon a practical, co-operative basis." And later, "Physicians and nurses require the acceptance of their equal professional standings. Regardless of the differences in essential training, the variations in background, the traditions or professional attainments, there must come an understanding that the professional status of the public health nurse is in no wise inferior to that of the physician." And again, "Medicine has been focused for centuries upon the cure of disease rather than its prevention. The extensive teaching of hygiene, in order to prevent disease, has not become a definitely effective part of the training of young physicians; and as a result, a considerable number of doctors still fail to grasp the force and meaning of preventive medicine as fostered by the public health nurse. . . . There should be a mutual appre-

ciation of the honesty in thought, sincerity in purpose, and the mutual interest which underlies both groups. Each is seeking patients, but for entirely dissimilar purposes. The nurse primarily aims to retain health and the doctor to restore it."

With entire frankness, disarming because sincere and constructive, Miss Dines traced some of the reasons for misunderstanding back to these defects:

1. Lack of capacity to meet problems involved in public health work.
2. A fundamental lack of understanding of the purpose of the work.
3. A fundamental lack of knowledge.
4. A fundamental lack of ethics.

"Enlarging a bit on this fourth point, we find sometimes personal ambition, or selfish individualism; sometimes a lack of desire to adjust to other personalities; and again, a lack of everyday good manners." She goes on to say that the solutions might be found:

1. By more careful choice of those who are to do preventive and corrective health work in the community.
2. By such an education of these workers as will insure both scientific and social knowledge and a strong ethical standard.
3. By a real understanding on the part of all workers of the objectives of both groups.

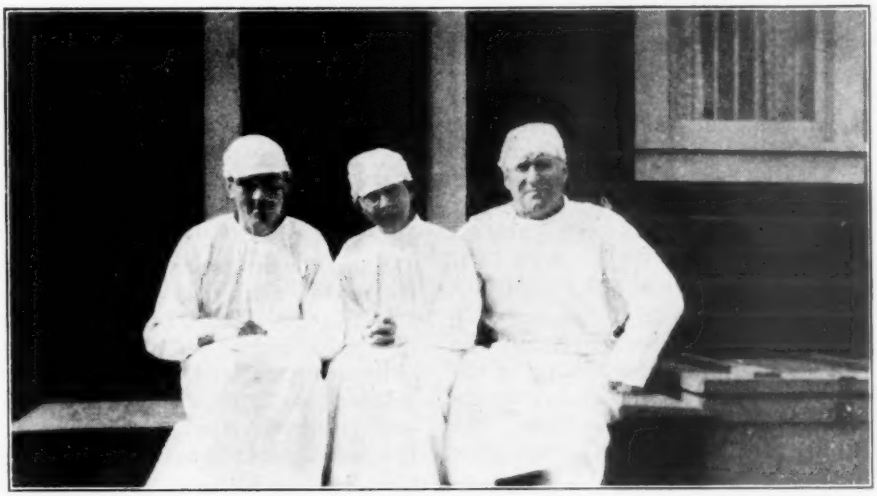
Dr. Vaughan stated that this relationship was not only between the public health nurse and the doctor alone, but between the whole public health system and the doctor, saying, "She (the public health nurse) has become a portion of a system or policy, an endeavor to give universal understanding to those discoveries of science, the universal application of which would result in distinct lowering of the death rate. The nurse does not and cannot act independently. She must co-operate with and depend upon the physician, the clinician, the laboratory worker, the statistician, the sanitary engineer, the hospitals, social workers and nutrition experts, all of whom form a single unit in a system of health propaganda and education." Dr. Vaughan believes that the policies for the relation of all of these members of a health department staff to the medical profession should be formulated by the health officer. He says, "Again, the work of the public health nurse reflects the policy of her organization. The success of her undertaking and the extent to which she succeeds in grafting into the mind of the public the meaning of good medical service in contradistinction to quackery, charlatanism, osteopathy and the multitude of other cults and fads, depends upon the seriousness with which the health officer formulates his policies . . . . We consider her an essential part of a system and it is the system as a whole, that is, *health education*, which must operate smoothly. . . . The nurse has played a most important and worthy part in the development of education and now holds the key situation about which other activities must revolve."

The gist of the matter brought out by all of the speakers was crystalized in Dr. Wile's concluding words. "One might elaborate in great detail particular ways in which to promote more cordial relationships between the twelve thousand public health nurses and the one hundred and fifty thousand physicians in this country. When, however, such an analysis had been made, it would be found that the specific measures could all be grouped into the categories that I have enumerated; mutual understanding, co-operation, fair dealing, and professional courtesy. These are by no means new principles, but they possess a deeper meaning than ever before because the public health nurse has a new status in the community . . . . The public health nurse and the practicing physician are more than co-workers, they are professional brethren."

Margaret K. Stack, formerly Vice-Chairman of the section, was elected Chairman. Mary Laird was elected Vice-Chairman and Agnes Martin was re-elected Secretary. Dr. Haven Emerson, Dr. S. J. Crumbine, Grace Anderson and Elixabeth G. Fox were elected members of the section council.

SURGERY IN THE ALEUTIAN ISLANDS

By Stella Fuller
Delano Nurse, Seward, Alaska



Dr. Fred P. Nevius, Mr. J. P. Murphy and Stella Fuller. This picture was taken at False Pass, nearly 1000 miles west of Seward, Alaska

"CAPTAIN LUKENS, U. S. S. Pioneer, Coast and Geodetic Survey, will be in Unalaska when next mail boat arrives. His surgeon, Dr. Fred P. Nevius, will do tonsil cases. Can you come? Clara Goss." I cannot sing and I have not done much dancing but I did both on the receipt of the above radio message—to the great amusement of my neighbors. My reply: "Coming on August boat," was sent immediately.

To one accustomed to doing public health nursing in a community where there are doctors, hospitals, dispensaries, clinics and nurses, a sudden transfer to a district lacking all these is rather upsetting and a bit discouraging at times. To a nurse used to city and county nursing, where there is street car or automobile transportation, and where it is possible to reach home every night, it is somewhat of an adventure to charter a gas boat to make a call, or to travel for a week on a steamer before reaching one's destination. To a "Badger," used to busy cities and towns, fertile prairie lands, rich with fields of grain and corn; great forests and wooded hills, it is difficult to become used to a sea coast stretching over a thousand miles, lined with treeless volcanic mountains, majestic and grand—but not like home.

For ten months, I had traveled on the Steamer Starr, a rebuilt halibut boat, visiting the villages, calling at the homes of the people, trying to learn their medical needs, and doing any public health nursing that was possible under the conditions.

The month of June was spent in Unalaska, an interesting settlement at the far end of the Alaskan Peninsula. While I was there, Dr. J. R. Graff of the U. S. S. Algonquin, Coast Guard Service, examined the boys and girls in the Jessie Lee Home, a Methodist Orphanage, where many little Aleuts, Eskimos and mixed breeds have been given care. Twenty-five of the children were in need of a tonsillectomy but Dr. Graff had no instruments with him. We planned to do the work next year when the Revenue Cutters return from the States. It was through Mrs. Goss, who has been interested in the Jessie Lee Home for years, that we secured

the help of Captain Lukens and Dr. Nevius.

The August mail boat is called the "School Ma'am's Special." Teachers were aboard for Unalaska and Bristol Bay points. A few sea-sick passengers needed my care but there was plenty of time for fun and for making cocoa down in the galley at night. At False Pass, where the Starr took oil, we met Dr. Nevius and discussed our plans for the clinic. His ship, the Pioneer, went with us to Unalaska, reaching there first, as the mail boat had to stop several places en route.

On our arrival in Unalaska we were met, as usual, by practically the entire population. The coming of the monthly mail boat is an event in every Alaskan port. Unalaska, the base for the Revenue Cutters, the oiling station for other Government ships and sometimes for foreign visitors, is no exception. The group on the dock is always interesting, but it is especially so in summer, when there are naval officers and Jackies in uniform.

The First Free Tonsil Clinic in Alaska

We did not stop long to talk with them but hurried to the Jessie Lee home to prepare for the first free tonsil clinic ever held in Alaska. Dr. Nevius examined the children and gave orders for their preparation. His quiet, friendly manner gave the missionaries confidence in what seemed, at first, a very serious ordeal.

During my June visit, I had conducted classes in First Aid and Home Hygiene and Care of the Sick. It is not the policy of the Red Cross to have nurses give instruction in First Aid, but in this isolated part of the world, where there are no doctors to do it, an exception has been made. The boys and girls who had been members of the classes were anxious to help and a satisfactory schedule for the clinic was arranged, allowing for the care of the younger children first. This gave the older ones a chance to be on duty until the day they were to have their own tonsils removed.

Detailed directions for the arrangement of the rooms were given to Mr. Dorwin, the Superintendent, who passed the slips of paper to the workers and directed the changes. I gave my attention to the sterilizing of gowns, sheets, towels and the throat sponges made after we had left Seward. Nanuna, an Eskimo boy, went with me to the laundry and helped to run the wash boiler sterilizer.

Some of the larger girls were taught to make the sponges—"little biscuits," they called them—and one of the matrons kept the sterilizer going for the next four days. Another worker connected with the institution, undertook the task of looking after the soiled linen as it came from the operating room; another prepared diets for the patients and for the surgeon and his assistants; one of the teachers—who alternated with another of the matrons— was given charge of the nursing, having as her helpers one chore boy and two boys or two girls.

By three o'clock we had transformed the office into an operating room and the parlor into a ward of six beds; our supplies were ready and everyone knew his or her duties for the week. When nothing further could be done, we went for a hike. The rolling foothills of the mountains at Unalaska are ideal for beginners to climb; there were many luscious salmon or malena berries—great red or yellow cones that look like giant raspberries; the mountain streams form waterfalls that flow through a long ravine down to the sea. The Mission bell called us back to supper and we went early to bed.

The next morning we began operating about eight o'clock. Dr. Graff started the ether with the mask and Mr. Murphy, Dr. Nevius' assistant, continued it with a nasal outfit improvised by Dr. Nevius. We called it "The Evenrude" because it made a noise like a gas boat. Each day for four days, six children were operated

on. There were no accidents and our team work was like a well-oiled machine.

When we left for False Pass a week later, nearly everyone of the convalescents was on the wharf to wave us good-bye. At False Pass, the superintendent of the salmon cannery gave us the use of his new four-room guest house which was easily turned into a cottage hospital. Three tonsil cases were operated on the day we docked and three the next day. The doctor also removed a growth from a small baby.

Shortly after, an emergency call came from Father Hotovitzky, the Russian Priest at Belkofsky. A man had been shot. We were rushed to his aid but arrived too late. Dr. Nevius visited all the sick and examined the school children before our return.

There seemed little more that I could do in False Pass. The September mail boat was not due for some time so I decided to try to get to Unga, one of the villages farther east, by gas boat. We started on Sunday, a beautiful day. By the time we reached Belkofsky, we were in a raging gale and storm bound for a time. It was not a hardship to be there, however, the wife of the priest is charming and his children are happy, bright-eyed little folks. We met the Government teacher and attended a dance at the schoolhouse. Father "Hotwhiskey," as he is called by the fishermen, asked us to return to False Pass with a woman who needed the Doctor's attention.

When the wind had moderated and we could get out to the launch in a dory—there is no dock at Belkofsky—we headed for False Pass with the patient. Reaching King Cove the sea was decidedly "lumpy" and we were wind-bound for two days. The wind was blowing at such a terrific rate when we landed that we had to crouch down on the dock, for fear of being blown into the Bay. But in spite of the constant rain and the howling wind we enjoyed our stay in King Cove. The patient and I found places to sleep ashore and the "skipper" of the gas boat was an able cook. We made delicious duck mulligan and the finest corn bread and I was allowed to provide a dessert which seemed to be appreciated—especially by the Eskimo boy, Sammie, who shipped as a sailor.

In the meantime, one of the engineers on the Pioneer was seriously ill with appendicitis, and the ship was searching for me to help with the operation. Captain Lukens finally came into King Cove and I was taken aboard and brought to False Pass, arriving the next morning. We were ready to operate the same afternoon. The appendix had ruptured and the man's condition, at first, was critical but he made a splendid recovery. I nursed him until the Starr returned and we did one more tonsil case.

The travelling clinic we have asked the Government to provide has not materialized but the help already given by the different Government Services operating in Alaska, demonstrates the need of it. The conditions are similar to those in Labrador, where Dr. Grenfell is doing such remarkable work. As he does, we need money, ships, doctors and nurses.

Miss Teresa A. McGowan, Sheppard-Towner Instructing Nurse, sends a very interesting account of some of her midwife classes in Dona Ana County.

In one instance the classes were held in a dugout. The women all show great eagerness to learn while at the demonstrations by the women of the technique of preparing a woman for labor. There is, of course, much competition and great care is taken by each not to make a mistake.

All sorts of practical utilities which can be used at the time of delivery are selected for these demonstrations. Sometimes a nice agate or china pitcher is used, or maybe a well-worn lard-can. Sometimes the bed is nice and comfy with clean sheets, or it may be a "shake-down" made up with a sheepskin. Whatever the conditions found in the homes where the classes are held, cleanliness is always stressed.

—*New Mexico Public Health Nurses' News Letter, September*, 1923.

This is a reproduction of one of the "Set of Five Food Charts" which may be secured from the Association for Improving the Condition of the Poor, 105 East 22nd Street, New York City.

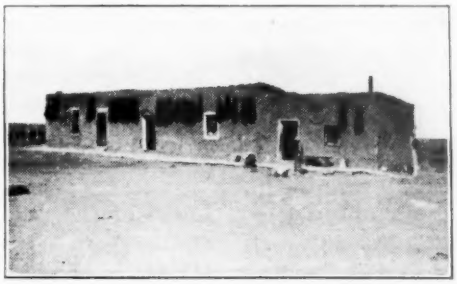
The charts measure 22 x 28 inches and are printed on heavy cardboard.

Cost.....$2.00 a set, including Food Primer.

A DAY IN A NEW MEXICO BLIZZARD

By Bertice A. Rees, R. N.
Santa Fe, New Mexico

THE world seems very large when one drives alone for miles and miles through unfamiliar country, with no sign of a house or human being, where on all sides there is nothing to break the monotony of the horizon, not even trees or hills, only sky and rolling plains, dotted here and there with cactus and bear grass. An occasional large bird or jack rabbit is disturbed by the sound of the motor and goes flying or jumping away in front of the car. But these are the only signs of life on the desert plains.



One of the Adobe Houses of New Mexico

This was my experience during the early part of an eighty mile trip I took in my work as Sheppard-Towner demonstration nurse. It is customary for me to make initial visits to all parts of the county, getting acquainted with representative people in each community, with a view to holding child health conferences later.

What was to prove a most eventful trip was planned with the help of the county health officer. It was planned to cover two towns and get back to the county seat by supper time. It was an entirely new country to me, and as the health officer was unable to go with me, and the club women who had gone before, were also unable to go, the health officer gave me instructions as to where I should stop along the way, marking all points on my map.

After reaching the second town which was twenty miles from the county seat, stopping several times on the way to inquire my way, I met a man to whom I had been referred and secured directions. I kept to the well travelled road and was soon out on the plains where I travelled for fourteen miles through the lonely country I have described.

Finally I came to several hills covered with cedars, and nestled close to the side of a hill was the town I was seeking. It consisted of a school, a store and several homes grouped close together. Here I met the people and called on the mothers with small children, then started for my next town. Soon I had to climb a steep hill, which brought me up on the plains again. At the foot of the hill it started sprinkling, and by the time I reached the top it was raining harder. I thought to myself, "only five miles, I will get there before it rains badly".

But the western storms come up fast and by the time I had gone a short way, the rain and wind joined to make a regular gale. I could scarcely see the road in front of my car. I got off on a side road by mistake and was soon down in a canyon, with the storm increasing every minute. Finally I met a Spaniard, who directed me to the school at the foot of the canyon. When I arrived there, I found I had gone several miles astray.

While I was asking the directions at the school, which was in a little Spanish settlement, the rain turned to snow and I saw it was useless to try to go further. The ground was white in no time, and the wind increased until it was a regular blizzard, so bad that I could only see a few feet in front of me.

When the storm showed no signs

of clearing up the teacher at the school invited me to stay with her. She was living in one room with a Spanish family, the family consisting of father, mother and eight children who occupied the other two rooms of the home.

We started for her room, which was three quarters of a mile from the school, with the storm increasing each minute. My car was soon covered with a coat of white, making it impossible to see out of the wind shield. Halfway between the house and school, we went up to the hubs in mud and snow. After working with the car I saw it was useless to try to get it out. However, I was able to get a sheep herder's tent to cover the car, then we went running in, built a fire and dried our clothing.

Supper was nearly ready when all of a sudden one of the front legs of the stove gave way and down came the stove, supper and all. Luckily the floor was of cement, so there was no danger of fire. We cleaned up the debris, at the same time chasing two pigs back from the door. They were trying to come in out of the blizzard, rubbing against the door, squealing and grunting, trying to get in every time we opened it.

Finally we were able to have the supper prepared again, after which we went to bed, and tried to sleep, listening to the wind and blizzard raging and the pigs squealing and grunting.

The next morning, the weather had changed. The blizzard had stopped and the sun was shining brightly, rapidly melting the snow. As soon as breakfast was over, two Spaniards were found to help get the car up out of the mud, ice and snow to firmer ground. The roads were in very bad condition, with the snow melting fast and I saw it was no use to attempt to get out of the canyon that day.

While in this village I called on several mothers who had small children. Late in the afternoon the teacher and I started out for the post office and store, to get supplies, as the teacher's larder was running low. We walked three miles through soft mud, snow and water, hunting some horses to ride. All the saddles in the community were being used by the men who were out with the sheep. We finally rounded up the horses, tied ropes around their noses for bridles and rode bare-back, a slipping proposition, especially for one who does not ride even with a saddle.

We got back to the teacher's house about 7:00 P.M. and were in the middle of eating supper when three little Spanish girls came running in, saying, "Oh, come quick, for the baby is very sick." We got ready and went over to the home where the baby was ill.

It was a typical one room Mexican home of the peon type. The family consisted of father, mother and nine children. Going in I found the mother holding the baby. She was sitting in a corner of the room on a stack of mattresses or really large pads, which are used to make pallets for each member of the family.

These are spread out on the floor at night and the family sleeps in that way. During the day the pads are all stacked up again in a corner and covered with a blanket or a rug, taking up very little room, where space is at a premium. The stove, a very small cook stove, which seemed more like a toy, occupied one corner of the room and was surrounded by the main cooking utensils. These were piled up against the wall and consisted mostly of lard and syrup buckets, an iron kettle, a skillet, a dishpan and a teakettle, mixed with firewood cut for use.

Opposite the stove, the corner was filled with a cupboard, which held the tin cups, tin pie pans and the few knives, forks and spoons which the family could afford. With no table one wondered how they ate their meals, but it is managed in this way. Food in the same vessels in which it is cooked is placed in the middle of the floor. Then the family sit around it in a circle, each having a tin cup, tin pie pan and knife,

fork and spoon (if they have enough to go around). If not the food is scooped up and eaten by pieces of tortilla.

The tortilla is a pancake, resembling a cross between a cracker and a baking powder biscuit, and made of dough about the consistency of biscuit dough. This is rolled out on a board or else patted out on the palms of their hands until the pancake is about the size of a pie plate. It is then laid on top of the stove, and baked hard and brown on both sides. These pancakes, which are very hard and tough looking, furnish the main item of the bread foods which are eaten by the Spanish Americans in New Mexico.

On the outer circle of the family group during meal times, is a circle of dogs, cats or any pets they have, and nearly every such family is well supplied. These animals walk in between each member of the family and are fed by any who are inclined to do so.

The only chair I saw I used for my hat, coat and bag. I saw no table, so used one of two trunks for a table. I then placed on it a paper napkin and on that such articles as I would need from my bag. Newspapers are very seldom seen in such homes. The other trunk was covered with a blanket on which I laid the baby. Its temperature was over 103, it had been vomiting and was constipated. The nearest doctor was thirty miles away. There was no telephone within several miles and the roads were very bad. I gave the baby an enema, a sponge bath (which it showed signs of not having had for some time) and castor oil. I found that the mother had been giving the baby its feedings in an ammonia bottle which still had the label on, and looked very grimy and dirty. We explained in Spanish the dangers of dirty bottles and nipples, showing her how to clean them by washing them in soap and water and then boiling them. The mother watched closely while this was done and the children all stood along the wall watching too.

After giving the instructions as to preparing the bottles and the care of the baby, we went out into the beautiful moonlight night. Slipping and sliding through the soft adobe mud, we reached the teacher's house and went to bed.

The next morning after breakfast, I saw the little Mexican baby. It seemed much better, so I planned to try to leave the canyon. The roads were still very soft, but with the aid of chains I got out of the canyon and reached the plains. Here the snow had not melted as rapidly as it had in the canyon. Some of the drifts were so high I had to back out of them into the road again. For over two hours I drove through water, mud, etc., and travelled but sixteen miles. Near noon I reached a sheep camp. Here the sheep herders invited me to a dinner of beans, biscuits, rice and black coffee. I learned that the ranch owner was going into the county seat that afternoon and that I would have a chance to follow him. As I also found that there would be no place to buy gas, I gave up the trip to the next town.

I followed the rancher into the county seat and it was a great relief to have the roads broken. We forded the river with the water to the running boards, arriving in town just when the health officer and the sheriff were planning to send out a searching party to see where the nurse was lost.

When the Government Indian schools open this Fall, they will all be enrolled in the American Junior Red Cross. More than 30,000 Indian girls and boys will be added to the ranks of nearly 5,000,000 school children in the United States engaged in carrying on Junior work throughout the world.

The work to be undertaken this year will serve to bring the Indian children into close contact with the other girls and boys of America and open to them the international phases of Junior Red Cross work.—*Red Cross Courier.*

ANNUAL MEETING OF THE AMERICAN CHILD HEALTH ASSOCIATION

By Elmira W. Bears, R. N.

THE first Annual Meeting of the American Child Health Association was held at Detroit from October 15th to 18th. The 519 health workers who registered included pediatricians, health officers, dentists, nurses, educators, social workers, nutritionists, statisticians, physical educationists, and lay members of boards of directors of health organizations. This meeting was better attended than its predecessors, held annually for the last 14 years by the old American Child Hygiene Association, and although the delightful informality of the previous meetings was missed by old members, the fuller discussion of all phases of the child health work and the contributions made by a wider group of workers, compensated to such a degree that the consensus of opinion seemed to vote this the best meeting ever.

One of the outstanding features of the convention was the frank and constructive discussion of the methods employed today to achieve these results. Each group of workers could not fail but go back to their chosen field with a broader view of the whole problem and a better understanding of the correlation of their work with the other units whose goal is the same as their own.

The first morning was devoted to the annual business meeting, Mr. Hoover presiding. Mr. Courtenay Dinwiddie surveyed briefly the growing activities of the Association since the amalgamation last January, the growing demands made by states, local and private agencies for its services and the program of the coming year to meet these needs. The evening meeting was held in St. Paul's Cathedral so that local people might feel freer to attend and the aims and purposes of the organization were outlined by Mr. Hoover and upheld and strengthened by Dr. Vincent of the Rockefeller Foundation in his usual spirited way.

Aspects of the work from the points of view of the various workers in the health education group—i.e., the doctor, teacher, nutritionist and nurse; the manner in which these workers could best present their material; the psychological background of health training and habit formation, newer methods of health inspection of school children; methods of administration; rural problems; a lively discussion of "Height and Weight as an Index of Nutrition" were all presented by experts in these many phases of the work, and animated discussion took place in all of the meetings. An international note was introduced by Monsieur J Maquet, Directeur Général de l'Oeuvre Nationale de l'Enfance, Belgium.

The round tables and special lunches were particularly well attended and perhaps the two arousing greatest interest were those of the Affiliated Societies and the Health Education group. The dinner conference arranged by the Bureau of Education, Department of Interior, drew a large number.

The joint meetings of the American Child Health Association and the National Organization for Public Health Nursing, Child Welfare Section, and that of the Central States Pediatric Society dealt with the more technical side of the child health work, including "The Problem of Early Infant Deaths" and the progress made in the field of pediatrics with plans for future development. Great things should be expected in the future work for the health of the small American if all of the accumulated knowledge, research work and tremendous interest can be released in the right direction.

THE WEAK FOOT IN ITS RELATION TO THE NURSE

By ARMITAGE WHITMAN, M.D., F.A.C.S.

Assistant Surgeon, Hospital for Ruptured and Crippled; Consulting Orthopedic Surgeon, U. S. Veteran's Bureau; Orthopedic Surgeon to the Polyclinic, Lincoln and Booth Memorial Hospitals, New York City.

THERE is probably no class of women whose physical defects receive as little consideration as do those of the trained nurse. Whether probationers nowadays undergo physical examination before being accepted for training I do not know. At any rate, once having entered a hospital they live in an atmosphere of familiarity with major medical and surgical complaints. The breeding of contemptuous disregard for illness that follows is necessary and to some extent commendable. Everybody knows that a cold in the head sometimes is followed by acute mastoiditis, and that one in a thousand stomach aches turns out to be an acute appendix. Both these complaints are sometimes fatal, and fatalities are regrettable from both the personal and economic standpoint. Therefore a nurse suffering from cold or stomach ache may sometimes be both examined and cared for.

Everyone knows, however, that no one ever died of weak feet, at least everyone who is not familiar with the statistics of causes of suicide. Few know a weak foot when they see one, and still fewer what to do for it after they have seen it. One of the qualifications for a successful nurse is a uniformly cheerful disposition, and it accordingly seems strange that a weakness which has ruined more dispositions than any other one cause should have been so universally ignored. The present paper is, accordingly, an effort to present a simple subject in simple terms.

The underlying reason for neglect of the ills of the feet is a traditional and social one. In Rome the Knight, or aristocrat, was an "*equestor*"—a man who rode a horse. Later in France he was a "*chevalier.*" Indeed, one might say that the term chivalry was derived from an implied non-use of the feet. In the Middle Ages and for long years after, aristocratic feet were not employed for locomotive purposes, and could therefore be clad in the most atrocious of ornamental coverings and abused with impunity. Plebeian feet were not covered at all and, coming in contact only with soft ground, gave little trouble to their humble owners. With the gradual introduction of paved streets, and with the decay of the aristocracy, a larger proportion of the populace began to suffer from corns, calluses, aching arches and the like, but the feeling persisted that such complaints were ungenteel. Their care, therefore, fell to certain low fellows, hangers on of barber shops, people of no pride, the forerunners of the extant chiropodists.

As surgery became a more and more dignified and learned profession, its members were naturally anxious to cut themselves off from everything that smacked of the shirt sleeve period of their development, and the foot was the first member to be cast aside. Thus we see that it was ungenteel for a male or female to have any foot complaint, and excessively *infra dig* for a surgeon to know how to treat one.

It is interesting to note the gradual change that has taken place in practice and tradition. A few years ago injuries and infections of the hand, including the repair of severed tendons and nerves, were cared for in the Accident Room by the House Surgeon. At the same time haemorrhoids were being operated upon in the main operating theatre with every aseptic precaution. It seems now, however, fairly generally recognized that to the average person no less than to the violinist or the surgeon the hand is an important member,

and deserves the care and skilled attention that it is beginning to get. Now that the hand is almost universally accorded its due attention I anticipate the day when the foot will be regarded with respect as a member most essential to bodily activity.

Concept of the Foot

Let us now attempt to present a concept of the foot as the foundation of the body.

Unfortunately the foot was not designed as a support for the body in the erect posture, and it is thus poorly adapted to its present use. There are three main weight-bearing points, the heel, the base of the great toe and the base of the little toe. Also the entire outer border of the foot comes in contact with the ground when weight is borne. The inner border of the foot is an arch and the bones which compose it are held in place by ligamentous and muscular supports as contrasted to the outer border, which is a continuous flat bony structure. The concavity of the inner border of the foot is usually spoken of as the longitudinal arch. In the normal foot there should also be an anterior arch extending transversely across the front of the foot from the base of the big toe to the base of the little toe. This arch is entirely analagous to that seen in the palmar surface of the hand when the fingers are slightly bent, as in beginning to make a fist.

The normal foot should be capable of motions in four directions—dorsal, plantar flexion, inversion and eversion. The last two are sometimes spoken of as pronation and supination, or adduction and abduction. No matter what the term used the meaning is the same—that the sole of the foot may be turned inward toward the midline, or outward away from it. The first two motions take place in the joint between the astragalus and tibia, the last two in the joint between the astragalus and oscalcis. The toes should be capable of bending—plantar flexing—so that weight may be taken upon their extremities, and the anterior arch thus actually lifted off the ground, so that knuckles show upon the dorsal surface of the foot, as in the hand when the fist is clenched. When the range of normal motion in any direction is restricted one may then expect the development of symptoms.

I have already stated that the foot was not designed to be a pedestal, or passive support, for the body weight, but was intended to be one of four active supports for a quadruped. Man in the primitive era was either on his feet in a state of activity —running—or was off his feet resting —lying down. When he was running he was using all the muscles of his leg and foot to force him forward, and incidentally to help maintain the normal structure of the foot. When he was lying down he removed his body weight from his feet entirely, allowing tired muscles and relaxed ligaments every opportunity to regain their tone. His feet as a rule came only in contact with comparatively soft ground. If he were scrambling over rocks and ledges he was using his feet actively in practically the same manner that he used his hands.

Effect of Civilization

The contrast between such a life and that of the present day is considerable. Let us consider what civilization has done for the foot. For soft ground and green grass it has substituted hard wood floors and concrete. In place of unrestricted nakedness it has insisted on coverings bearing no relation whatever to the anatomical structure or the functional purpose of the foot. In the case of the trained nurse it has discarded alternating periods of activity and relaxation for continuous weight-bearing.

The Foot Considered Professionally

Let us suppose for a moment that we are advising a young woman entering a training school and are lavishing upon the course of preparation all the intelligence and care that

are now employed in training race horses. We should explain to her that this profession makes somewhat extraordinary demands upon her mental and physical equipment. Beginning, then, at the ground and working up, as we do in every other line of endeavor, we should explain to her that the foot, commonly regarded as nothing but a neat finish to a lady, and as a vehicle for costly and decorative footwear, is to her her most important member. The foot, therefore, in its relationship to her pro-

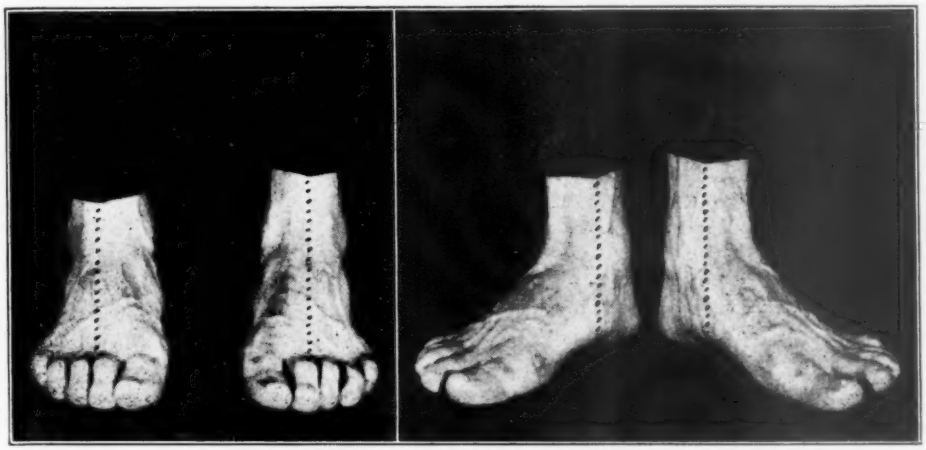


Fig.1—Average foot held in the proper attitude. Note the dotted line, representing the body weight falling slightly to the outer aspect of the foot. Fig. 2—The same feet with the toes turned out. Note the body weight falling on the inner border of the foot, and the consequent bulge in the longitudinal arch, particularly on the left side. This is the characteristic passive or weak footed attitude.

fessionally is to be treated with the most distinguished consideration. When used for working purposes it is to be clad in working garments. A proper boot or shoe will be straight on the inner border, wide enough to give the toes free play, and narrow enough in the shank to give the waist of the foot a feeling of grateful snugness when the shoe is tightly laced. The heel will be broad and of medium height, never higher than an inch and a half. Of these shoes she will have two pairs which she will change daily, in the meantime being careful to keep trees in the idle pair. She will see that the sole of the shoe always rests flat upon the ground, as, if the sole of a shoe is cocked up in the air like the blade of a rocker skate, it is manifestly impossible for the toes to function.

The Question of Gait

Being properly shod, she will then be instructed in the proper method of using the foot, in other words, the proper gait. To learn to walk properly is far more difficult than, for instance, to learn to dance, walking being as a rule an automatic act with which the brain does not concern itself. She will be asked to watch and note the following points in the gait of a nurse (uninstructed) moving quickly. First: The long stride. The feet are thrown forward like plummets on the end of a string, and only brought to earth when they are jerked there by the legs. Second: The feet are planted well apart, so that the body sways at each step, from side to side. Third; The toes are turned well out, so that the body weight rolls off the inner border of the foot at every step, and the inner aspect of the great toe joint becomes the propelling portion of the foot. In addition to these three points it may well be pointed out that such a gait is noisy, that its heaviness makes the floor shake, disturbing

the patients in the ward, and that it is uncertain, necessitating the use of rubber heels to avoid slipping on the polished floors

The Shoe

Examining her shoes we shall note: First: The high, small heel. This not only provides exceedingly insecure support because of its small bearing surface, but it is so worn off on its outer border as to make the bearing surface almost hemispherical. As the insecurity of the heel of the shoe nullifies the function of the heel of the foot as the body's main support, so its height, by forcing the weight forward onto the toes, robs them also of their propulsive function. Second: The pointed toe. This so squeezes the toes together that they cannot be brought to the ground, and therefore cannot push. By cramping the toes together it also abolishes the anterior arch, and by making it impossible for the intrinsic muscles of the foot to function rapidly, establishes a permanent break-down of the anterior arch. Third: The wearing off of the inner border of the sole. This is caused by the persistent habit, which has been carefully drilled into girls from an early age, of walking with the toes turned out. This throws the body weight entirely on the inner border of the foot, and by pushing with the inner border of the great toe joint causes calluses along the inner surface of the toe, and redness and sensitiveness over the joint. The pointed toe of the shoe has already forced the great toe considerably out of line and the attitude of the foot forces it still further at every step. Fourth: The sole of the shoe presents a convex surface, so that the toes never come in contact with the ground. This also produces ugly cracking of the leather just back of the cap of the shoe.

Foot Condition Induced by Civilization

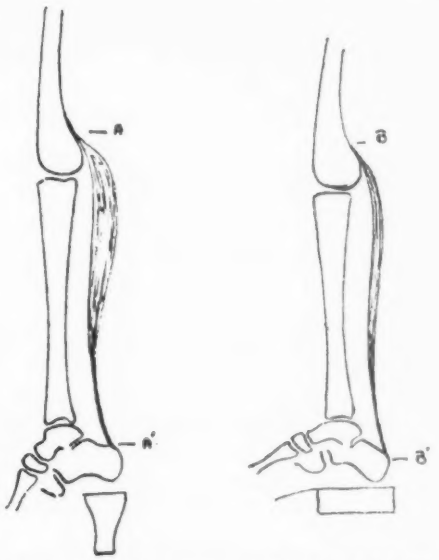
An inspection of the foot condition will, of course, vary according to the individual and to the length of time she has been in training. Taking a subject, however, of twenty-five years, good general condition, weighing about 150 lbs., two years in training, we may reasonably expect to demonstrate the following points. First: No matter what the height of the arch when the body weight is off the foot, when the nurse stands with her toes turned out as she will invariably do, there is a noticeable sagging of the longitudinal arch and a bulging of the inner border. Where perhaps with the foot at rest there was a concavity a convexity will appear. As we grasp the foot to invert it, and show by the change in attitude the change in shape, the subject will probably complain of sensitiveness to pressure on the inner aspect of the foot just below the "ankle bone," and the movement of inversion will vary from being uncomfortable to slightly painful. Second: On being asked to dorsiflex the foot—pull up the toes—she will very likely be unable to do so beyond the right angle. On ourselves pushing the foot further we shall find that there is no actual limitation of such motion, but that forcing it causes discomfort bordering on pain. This pain is referred up the back of the leg behind the knee, and sometimes as far up as the hip and small of the back. The pain is due to the stretching of the calf muscle, which is never stretched to its normal limit because of the persistent wearing of high heels. Third: We shall note the callus along the inner border of the great toe, and the varying degree of outward deviation of the toe. While anatomically correct the term outward is misleading. We mean that the great toe is forced out of the straight line toward the midline of the foot. We shall note the varying degree of surrounding enlargement of the great toe joint, and of the secondary inflammation of the skin over it. This will vary from a redness and sensitiveness to great thickening and extreme pain (Bunion). Fourth: We shall point out the manner in which the toes are drawn up and contracted, with the secondary calluses and corns upon their dorsal surfaces

over the joints. Fifth: We shall note the depression of the anterior arch of the foot—the absence of "knuckles" on the dorsal surface and the secondary callus on the sole of the foot from pressure and from the depressed heads of the metatarsal bones.

We shall next observe the locomotion of a patient completely paralyzed from the waist down, with braces and crutches—noting how he swings the body from side to side with an additional rotary motion of the trunk to swing the limb forward as far as it will go, and how, when deprived of muscular support, the foot crashes to the ground. We observe how the feet are of necessity held wide apart to give the maximum support, as a landlubber walks upon a rolling deck. We see how, deprived of muscles with which to use his feet as a propelling force, he turns his toes out to get the maximum push from the broad of the foot. Having thus demonstrated the striking and surprising resemblance between the average gait of civilization and the locomotion of the paralytic we may proceed to positive instruction.

Methods of Foot Control

The feet should be kept under control at all times. This means that we take short steps, that we place the feet almost directly one in front of the other. We put them down softly, attempting to bring the whole foot upon the ground at once, rather than coming down heavily and exclusively upon the heel. In the effort to walk softly we find ourselves bending the knees. Such a gait requires considerable power of balance and without muscles one cannot balance. It is, therefore, what might be known as the "active" rather than the "passive" gait. The advantage of the use over the nonuse of muscles rests in the fact, as already pointed out, that the foot relies on two varieties of support—muscles and ligaments, and that unless the muscles are used properly and continuously the ligaments must eventually give



A. Showing the manner in which a high heel leads to habitual contraction or shortening, of the calf muscle.
B. Showing the manner in which the low heel stretches the calf muscle to its full length.

way. Such a manner of walking is graceful, quiet, soft, in short, it is the pantherine rather than the inebriated gait. If in addition our pupil can be persuaded to stand properly, to flatten her back, pull up her diaphragm, and expand her chest we shall have started her on the road toward physical efficiency.

Relief of Existing Conditions

Starting with more or less damaged and shop worn feet, what can we do to make their owners' lives more livable? The symptoms of weak feet are well known. They are practically the symptoms of every disease in the calendar—general tired feeling, easy fatigue, general irritability, pain in the feet, pain in the legs, pain in the back—all exaggerated by standing and walking, all worse at night than in the morning, and there is often local pain and sensitiveness—sweating and burning. Any or all of these symptoms may be aggravated by intercurrent disease.

It would seem logical and simple to relieve these symptoms by removing the cause, for a few days at least,

by putting the patient to bed. This however, is rarely done. People will avoid chewing on an aching tooth, they will stop reading when they have a headache, but they will not rest a painful foot. They insist on being cured while going about their normal occupations. What would be thought of a mechanic who attempted to repair an automobile when it was in motion?

The general principles on which all treatment is based are correction of deformity, support for weakened ligaments and muscles and as much rest as possible. Deformity, if it exists, must always be corrected. The manner of correction naturally varies with the severity of the condition, and ranges from manual stretching and strapping with adhesive plaster to correction under an anaesthetic and subsequent maintenance of correction with plaster of Paris. The first is usually all that is necessary in this class of cases. The inner border of the shoe is raised ¼ of an inch, both heel and sole, to tilt the foot toward its strong outer border and ease the strain upon the longitudinal arch. The patient is instructed in the methods of using the foot outlined above. She may be given baking, massage, muscle training and exercises of various sorts, but it should be emphasized throughout that the most important exercise is the correct walk, in which normal function of the muscles is enforced.

The question of the application of mechanical support in the treatment of the weak foot is a disputed one. The types of support in popular use vary from simple leather pads placed beneath the arch, to metal braces made upon plaster casts of the corrected foot. A discussion of specialized therapeutics would be out of place in this article. Save in exceptional cases support of any nature whatever should be regarded as temporary. The difference between the nondescript leather and steel arch supports so indiscriminately applied and the Whitman brace lies in the fact that in the case of the latter the primary function of the brace is to enforce the proper attitude of the foot, the support afforded by it to the arch being secondary and incidental. Its manufacture and application call for considerable skill and experience.

Avoid Excess of Zeal

To anyone who has long been a victim of bad footwear and bad habits of locomotion, attempting to put these precepts into practice, let me here, like Talleyrand, warn against excess of zeal. Evangelism has no place in the treatment of the feet. How many nurses are there who will say with a tired smile "Oh, yes, I heard this kind of talk years ago and I even bought myself a pair of low heeled shoes, but my dear, could I wear them? I give you my word I thought I should cry. I felt as if I were tipping over backwards, and my legs ————! One day was enough for me." Such an experience is perfectly true. Ligaments and muscles have a way of adapting themselves to their environment. A calf muscle that functions in connection with a high heel soon becomes shortened to correspond, and if the heel is suddenly removed and the muscle stretched to its full length the resulting pain and discomfort may be very great. Also the structures in the sole of the foot may be shortened by the use of the high heel. If muscles have worked for years over joints which moved in a certain way, as in walking with toes turned out, it is going to be a long and somewhat painful process for them to adapt themselves to new conditions. We expect to be lame after taking a lesson in a new dance, but we are vastly indignant if our legs ache after attempting a new walk.

If heels are too high let them be cut down gradually, say a quarter of an inch a week, never removing more until the discomfort and strangeness caused by the first removal has disappeared. If the raising of shoes on the inner border causes discomfort take the raised shoes off and become accustomed to them by degrees. The

same is true of supports. Try the new gait for gradually increasing periods each day. If stretching and manipulations of contracted toes makes the feet red and painful the next morning, do not stretch quite so hard the next time. And above all, the most important maxim, not only in the treatment of the feet but in that of almost any condition—do not get fat. The more painful the feet the less the exercise, the greater the weight. Fat weighs as much as bricks. People pity overloaded horses but they laugh at a fat woman. But here again, do not diet too enthusiastically. In all these reforms, if we may run so counter to the tendencies of the day—"above all not too much zeal."

A casual reader of this article may lay it down with the feeling that the subject has been treated with some levity. This has not been my intention. I seriously believe that to the average person his foot is a member of the greatest importance. I know that at the present time there is no subject about which the ignorance of the public and medical profession is so gross. It appears to me, therefore, of importance to expose the causes, and uproot if possible the prejudices which have led to this condition. It has been my effort to bring a simple subject out of the mists of charlatanry to the clear light of common sense. I sympathize with the many women whose careers are handicapped by fatigue and pain. I look forward to the day when woman will not be ashamed to show her bare foot, and when standards of beauty will be applied to the foot itself rather than to the shoe that covers it.

SUNSHINE FOR CHILDREN

A second convalescent unit for child treatment in San Francisco Hospitals of Stanford University was dedicated on September 22nd. It is known as the Kate D. McLaughlin Unit, and was given by Mrs. Henry J. Crocker.

The new home is of the bungalow type with a wide veranda, where the Rollier treatment will be given children who will be moved from the Children's Wards of the San Francisco Hospitals as early as they are ready for this care.

Dr. Ray Lyman Wilber, president of the American Medical Association and the Stanford University, in accepting this donation, said:

> "There have been arguments of late as to why cities are built, but for whatever purpose they were built, one thing is certain, they were not built for children. It is children above all who have a claim to sunlit spaces, clear skies and healing airs. We are proud and glad to dedicate this building to their welfare."

The medical director of the home, Dr. Harold Faber, chief of the pediatric service in the Stanford Hospitals, formerly of the New York Hospital, was very active in forming this plan, aided by his wife, formerly of the New York Hospital Social Service.

A HEALTH STUDY FOR INSTITUTES FOR TEACHERS

THE Indiana State Department of Public Instruction has become very much interested in health work in the schools. Because of the limited number of public health nurses and the inadequate provision for their employment, it has seemed advisable to approach health teaching from another angle. Therefore the director of teacher training has requested an outline for study and discussion at the town and county teacher's institutes which are held monthly throughout the year.

This study will reach practically every teacher in the state during the month of November. The institute will be presided over by a local teacher and she will endeavor to have an informal discussion of each question. Whenever a public health nurse is present in the town or county, she should be invited to attend the institute in order to assist with and to close the discussion.

The state supervising nurses have been asked to attend as many institutes as possible to speak on health work in the schools, especially in those counties where a public health nurse is not employed.

The following questions were planned for the purpose of assisting the teachers, especially those in the rural sections, to get a better health viewpoint; to aid them in developing their own health teaching; to encourage better co-operation with the school nurse where one is employed; and to stimulate interest for school nursing.

1. Discuss the value of classes in Home Hygiene and care of the sick in the schools.

2. How can the nurse assist the teacher in improving the personal hygiene of the pupils?

(a) Appointment of pupil health officers.
(b) Daily inspection of teeth, face, hands, clothing, etc.
(c) Appointment or election of pupil sanitary officer.
(d) Develop child's own responsibility.

3. What are the eight rules of the health game commonly used in teaching in schools? Discuss their values. Co-operation of parents is essential.

4. Outline a program for teaching health in the different grades. Correlate with other subjects taught.

5. How may the growing child develop a good posture? Discuss the value of adjustable seats and physical training in this connection.

6. What is the most effective way of controlling epidemics? Why should schools remain in session during an epidemic? Discuss the responsibility of school authorities, health officers, and public health nurses in this connection.

7. Why is it important to quarantine all cases of contagious diseases? Why should diphtheria patients have a negative throat culture before returning to school? What is meant by a "carrier?"

8. Discuss the value of the hot lunch, which is most needed in the rural school.

(a) What kind of hot food should be served?
(b) Equipment necessary.
(c) Ways and means of financing lunch.
(d) Apportionment of labor.
(e) Proper breakfast campaign.

9. How can health habits be taught through the school lunch? Why should the lunch hour be orderly?

10. How may the domestic science course aid in developing health habits?

(a) Weighing and measuring pupils regularly.
(b) Study may be made from the point of view of individual needs.

11. Explain the importance of the hygiene of the eye and ear.

(a) Teacher's responsibility in seating pupils.
(b) Symptoms which a teacher may observe.
(c) Best lighting arrangement.

12. Why is good ventilation of a schoolroom important? Mention up-to-date methods of ventilation.

13. Discuss the importance of correction of physical defects.

(a) Nurse's follow-up work in the homes.
(b) Co-operation of teacher and nurse.
(c) Local resources available.

14. Discuss the value of a general physical examination.

15. How can the public health nurse best serve the schools?

NOTE: Wherever a public health nurse is available, she should be invited to attend the institute so as to aid with the discussions.

REFERENCES

Health Education Series and *School Health Studies*. Bureau of Education, Washington, D. C.

Health Education in the Rural Schools. J. Mace Andrews, Macmillan Co., N. Y. C.

Land of Health. Hullock and Winslow, Charles E. Merrill, N. Y.

Current Issues of THE PUBLIC HEALTH NURSE.

Health Laws of Indiana. State Board of Health.

Mother and Child Magazine, July Number, 1923, American Child Health Association.

Home Economics Department, Purdue University.

Consult local health officers and public health nurses.

Write Director of Home Hygiene, Washington Division, American Red Cross, for information concerning Home Hygiene.

TWO IMPORTANT MEETINGS

The Semi-Annual Meeting of the American Association of Hospital Social Workers was held in Milwaukee, Wisconsin, October 31st to November 2nd, and during the Annual Meeting of the American Hospital Association. This arrangement, to a nurse worker, seemed a most fortunate one. The educational value of seeing the extensive exhibits, equalled at no other convention, was invaluable. This applies especially to such exhibits as American Occupational Therapy Association, Committee on Dispensary Development, Out-Patient Committee, National Child Welfare Association, Hospital Journals and Related Publications, and the heart and diabetic clinic with demonstrations of Insulin Treatment.

There was but one general program, the other sessions being given over to round tables—it would seem on every problem that comes to a hospital social worker—following which the several groups came together, and each chairman gave a digest of her particular topic. At the general session, Mrs. Gertrude Howe Britton gave a most helpful paper on" Practical Social Service." Mrs. Britton said the field work was the laboratory of Social Service. At Central Free Dispensary, Chicago, out of the three hundred cases seen daily, about twenty needed laboratory or follow-up service, and that to supply this service to so few cases so widely distributed in a large city the expense would be out of proportion to the returns. Therefore, through the Confidential Exchange, they co-operate and co-ordinate their work with the agency or agencies known to the family, with most satisfactory results.

The other two papers presented "The History and Development of Hospital Social Service" by M. Antoinette Cannon, and "The Development of Psychiatric Social Service", by June Frances Lyday. These will undoubtedly be published in the *Hospital Social Service Magazine*, and we are sure every public health nurse will want to read them.

A get-together luncheon closed the Conference with a talk on "Observations in Europe" by Miss Ida Cannon.

AGNES J. MARTIN.

WEIGHING CHILDREN

By George T. Palmer
Doctor of Public Health; Director of Research, American Child Health Association

The following deductions are the result of a careful consideration of the pros and cons of what is at present known on this subject.

AT BOTH the American Public Health Association meeting in Boston and the American Child Health Association meeting in Detroit, much interest was evinced in the discussion of the real use of the weight-height age tables and in their limitations.

At Detroit a paper was read by Dr. Louis I. Dublin based on studies of 4000 Italian children ranging in age from 2 to 10 years. They were weighed and weights compared with the Wood and Woodbury tables. They were then examined by a pediatrician.

Of the children 7 per cent or more underweight, the physician's examination confirmed 80 per cent as definitely undernourished.

Of the children who were not 7 per cent or more underweight and who would thus be called well nourished, judging by the scales alone, the physician reported that more than a quarter were undernourished.

In other words when the scales are used to separate the well nourished from the malnourished, they err in missing many malnourished children.

Expressing this somewhat differently we may say that the scales picked out 96 per cent of the well nourished children. They picked out but 28 per cent of the malnourished children.

It is among the younger children, under 6 years of age, that the scales fall down most in selecting the malnourished.

Of Italian children from 6 to 10 years of age the scales miss about two-thirds of the undernourished.

This discrepancy is less marked with native born American children, as was indicated by the paper of Miss Maud Brown, which was also given at Detroit.

Dr. Dublin's contribution is a valuable addition to our understanding of undernourishment. It is just this kind of careful observation and analysis which leads us nearer to an adequate comprehension of this question. We need further studies on different nationality groups with the opinions of still other physicians.

The ideal method of selecting malnourished children is a careful examination by an experienced physician who knows also something of the background of the child. No simple inanimate "child health yardstick" has yet been devised as a substitute for trained human brains.

As it is practically impossible to give all children the detailed examination by competent people, it is natural that some simpler method of approximation should be attempted by those sincerely interested in child health. The scales are the most practical substitute that have yet been devised.

So long as body weight is a fascinating topic with growing children and can be utilized as a motive for adopting health habits there is no reason why children should not be weighed at regular intervals.

Where painstaking medical attention is available it should be heeded regardless of the scales. Weight, however, is one of the important items that assist the physician in forming his judgment.

Where interested medical advice is unavailable, children can profitably be weighed not only to maintain interest in growth, but also to separate the underweights from those not underweight. Special effort may then well be expended by the teacher in interesting this latter group of children and their parents both in improving health habits and in the desirability of a medical examination.

It is not that the physician and the

scales are antagonistic to each other. They are really friendly and are working together. The scales, however, usually reach the case ahead of the physician.

There is one point to be borne in mind. The fact that a child is not 10 per cent or more underweight does not constitute a clean bill of health. Malnourishment and ill health may exhibit themselves in other ways than departure from average weight. It is inadvisable in a well rounded health program to create a false sense of security.

Common sense and good judgment can make the scales serve a most useful purpose in a child health program.

It was generally felt that the Baldwin-Wood tables published by the American Child Health Association are as satisfactory a standard as exists for use in general school age groups and that the Association is justified in using the tables to interest the child in his growth.

DO WE WANT ONLY THE NON-PROFESSIONAL NURSE IN OUR FEDERAL SERVICE?

THE last Congress passed a bill, known as the Reclassification Bill, which provides for many long needed changes in the classification of Federal civil service employes.

The work of allocating the employes to the grades provided for in this bill was assigned to the Personnel Reclassification Board which makes a report to the next Congress. If approved by Congress the schedule becomes a fixed establishment. In this schedule nurses have been assigned to the non-professional group. The effects of this classification will be far reaching. The quality of service in any agency, federal or private, rarely exceeds the quality expected by that agency. If nurses and untrained attendants are placed on the same level, the only nurses willing to accept that rating are those representing the poorest training or those nearest the level of attendants. This, therefore, means a lower standard of nursing for patients cared for by federal agencies, which include the United States Public Health Service, the Veterans' Bureau and the Bureau of Indian Affairs. Shall the nurse, for instance, who cares for the ex-service man, be rated lower than the nurse who cares for the man still in army or navy service? Shall we guarantee him good nursing care so long as he is in the United States army and an inferior grade of nursing care when he is discharged from the army but still requiring federal care, either in a hospital or in his home? Is this his reward for sacrificing his health in service?

There is no greater blot in American history than the gross neglect of the health of our Indians, a large proportion of whom are still wards of the Federal government. Likewise there probably is no health problem in our country as complex as that represented by our Indian tribes. Shall we offer them the non-professional grade of nursing service? Are not the mere words, "veteran" and "ward," a moral challenge to every citizen? If the reader feels this responsibility, will he not protest to his congressman and senator against this rating of nurses?

FLORENCE M. PATTERSON

ACTIVITIES
of the
NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by ANNE A. STEVENS

WHAT SERVICE DOES THE ORGANIZATION OFFER ITS MEMBERS?

XI

Through the New York Office

By ANNE A. STEVENS, Director

NOTE: *The Eleventh in a series of articles describing the services provided by the various departments of the Organization. The series began in January.*

THE New York office! How we wish we could visualize it for those of our members who have not yet visited the National Nursing Headquarters. Opposite the Pennsylvania Railroad Station and the Pennsylvania Hotel, with windows looking up and down Seventh Avenue — fast becoming one of New York's skyscraper canyons—and windows looking over the river to the hills of New Jersey, is the Penn Terminal Building. National Health agencies now have offices on the eleventh, fifteenth, sixteenth and seventeenth floors of that building. The Nursing Headquarters are in the northwest corner of the fifteenth floor. The executive staff members of the National League of Nursing Education, the American Nurses Association, the N. O. P. H. N. (including the Editor of THE PUBLIC HEALTH NURSE), and the Editor of *The American Journal of Nursing*, have their offices around the walls of this corner. In the center of this corner space are the clerical office and reception room which the three agencies use jointly.

True to its reputation, "propinquity" has developed such an understanding that the three nursing organizations and the two magazines, each with special functions, are working together as one unit. No matter what there quest or problem in nursing which comes to us, or to which one of us it is addressed, it finds its way to the person best qualified to answer it. We consult each other constantly, so that the advice we give represents our combined best, supplemented by the information in our files.

All the Departments whose work has been described in this series of articles function through the New York office. The great task of the Director is to serve every member indirectly by interpreting to each member of the staff the work of the others, so that each staff member does her individual work not as a lone worker, but in relation to that of the others, and in accordance with the need and for the greatest good of the greatest number. No one of us can meet all the requests that come to us to do field work, or to take part in meetings, and our choice must be made each in relation to all the others.

There is in our files a veritable mine of information supplied to us in the letters and reports from our members, our staff, and others interested in public health nursing. To keep these files so organized that they furnish this information as it is needed and do not hoard and hide it, as files so often do, is one of the services of the New York office.

To bring to the Board of Directors

a picture of the work of the staff, an analysis of the demands being made upon the organization, so that they may study the way in which we are developing and guide that development for the best good of public health nursing as a whole, is another way in which the Director in the New York office serves indirectly the members of the organization.

Through the New York office and our close association with those member agencies of the National Health Council which also have headquarters in this building there is developing the same consultation with other health agencies and the same unity of work that there is among the three nursing organizations. We are interpreting public health nursing, its problems and programs, to the other health workers. We are learning from such health agencies as the National Tuberculosis Association, the American Social Hygiene Association, the National Committee for Mental Hygiene, the American Association for the Control of Cancer, the Women's Foundation for Health, what they need in public health nursing service for the advancement of their part in the health work of the nation. We are trying, in the work of each of our departments, to help nurses to give that service, and to make available to public health nurses the resources of these health agencies. To be specific, if we are asked for help in a tuberculosis nursing problem, we consult the experts in that field who are on the staff of the National Tuberculosis Association before answering that request. In this way our members are indirectly served through the New York office by every member of the National Health Council.

Finally, the most significant single event of this year for public health nursing and particularly for child health nursing is the decision on the part of the American Child Health Association to subsidize the N.O.P.H.N. to direct its nursing service instead of developing a separate American Child Health Association nursing staff. Just what services this adds to those described in this series of articles (of which this is the last) are stated in the letter on the following pages.

THE COMMITTEE TO STUDY VISITING NURSING

In the July number of the magazine we printed an account of the progress to date of the study being conducted by the Committee to Study Visiting Nursing, instituted by the N. O. P. H. N. We then expressed the hope that the final report of the Committee would be published in the fall of 1923. That report is not yet ready for publication but the work on it has progressed steadily.

The Director of this study is now about to present to the Committee several sections of the report on the analysis, tabulation and interpretation of the data collected by the investigators. The Executive Committee of the Committee to Study Visiting Nursing has voted to distribute this tentative report in mimeographed form for personal consideration of agencies and individuals geographically and functionally representative throughout the country. The report of the Committee will then be prepared for publication in the light of as many comments as may be received representing opinions from all parts of the country and not alone that of the members of the Committee.

first of whom is Miss Elmira Bears, our Secretary for School Nursing. The other specialists and administrative assistants will be added as soon as practicable.

Only if specialists can devote time to studying the nursing work that is being done, and to broadcasting the best methods discovered, in the care of the MOTHER, the BABY, the PRESCHOOL CHILD and the SCHOOL CHILD can we hope to weld our nursing, medical, social, psychological, dental and pedagogical resources into one adequate, functioning whole that will serve the best interests of the child.

We expect that each specialist secretary will, so far as possible,

(1) Study the work being done in her special phase of child health nursing by visiting local organizations and nurses, reading reports and correspondence;

(2) Bring to the attention of the staffs of both organizations the new problems which that study discloses, and will pass on to all workers in the field those new methods which she discovers;

(3) Help individual local organizations and nurses with their particular problems by visiting them, by conferring with them at headquarters, and by correspondence;

(4) Stimulate, by attendance at general and professional meetings, a better understanding of the further development of nursing in relation to her special phase of child care;

(5) Interpret the nursing problem and program to the doctors, teachers, physical educators and nutrition workers on the staff, and learn their problems and programs so that each, in the solution of the problems presented by his special group of workers, may use the resources of all.

Whether you have been accustomed to look for help to the American Child Hygiene Association, the Child Health Organization of America or the National Organization for Public Health Nursing, your problems will have the same individual, personal attention as formerly although your replies will come to you on this new letterhead of the Division of Nursing of the American Child Health Association.

Won't you enrich your National Associations and help them to become in reality a base of information, inspiration and help by sharing with us your discoveries as well as your problems?

Cordially yours,

Marie H. Bott
Elmira W. Bears
Anne K. Behr
Pearl H. Brixtwaite
Frances U. Brink

A. M. Carr
Antoinette L. Field
Deborah L. Glass
Gertrude E. Hodgman
Theresa Kraker

Anne A. Stevens
General Director.
Anna L. Tittman

American CHILD HEALTH Association

Headquarters
532 Seventeenth St., N. W.
Washington, D. C.
Cable Address "HEALTH"

DIVISION OF NURSING
NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING
370 Seventh Avenue, New York
Telephone Longacre 8000

December 1, 1923

To all those interested in Child Health Nursing:

As the Child Health movement in the public health field has progressed from school medical inspection to the establishment of milk stations; from their development into baby health stations, then to child health stations with the extension of care to the preschool age child, on through to the inauguration of prenatal work, the public health nurse has been one of the essential workers.

With these nurses scattered throughout the country, all meeting similar, though different, problems, there has been a great need for a central advisory body with a staff to study the work being done, collect information, and pass that information on so that each nurse might learn the best which any nurse has evolved.

The National Organization for Public Health Nursing was formed to do just this in a general way for all public health nurses, but its budget never permitted a staff of specialists. Several of the special interest organizations have included this service for nurses as part of the advisory service for all the workers in their fields. The old American Child Hygiene Association has furnished, through Miss Leete, an advisory and consultation service (by field work and correspondence) to those nurses doing prenatal, natal, postnatal, infant and preschool nursing. The old Child Health Organization has furnished, through Miss Rose, this same sort of help in the solution of the problems connected with Health Education of the school child.

With the crystallization of the program of the new American Child Health Association, it was decided to accept the recommendation made to member agencies by a Committee of the National Health Council, namely to center their nursing services in the National Organization for Public Health Nursing. This means definitely that SPECIALISTS IN NURSING RELATED TO CHILD HEALTH will be added to the staff of the National Organization for Public Health Nursing on the nomination and with the financial support of the American Child Health Association. All of the resources of both organizations will be available for the use of these specialists; the

REVIEWS AND BOOK NOTES

POCKET CYCLOPEDIA OF NURSING

R. I. E. Scott, M. A., B. C. L., M.D.
Macmillan, New York. $3.00

"To present material written by nurses for nurses." This is the acknowledged aim of the convenient, compact and complete little "Pocket Cyclopedia of Nursing," compiled by Dr. R. I. E. Scott. It is a handy volume prepared for quick reference on practical subjects. It does not pretend to be a scientifically detailed discussion of disease. Small in size, fairly light in weight, clearly printed and well headed with cross references, it seems likely to be of real use. Its subject matter ranges from definition of terms, tables of weights and measures, to treatments, diets and technique. It is a pleasure to run across graphic, well selected illustrations. For the public health nurse working much alone in a rural district, for the urban visiting nurse who meets unexpected conditions or orders in the tenement home, for the private duty nurse eager to brush up her nursing knowledge, it has many valuable suggestions.

There are perhaps some subjects which might have been omitted without loss to the general value of the book. For instance, the outline of the Binet-Simon tests as given on pages 465-468. These tests involve so much more than the bare statement of their text that one feels a certain caution is needed in passing judgment according to their results. "A little knowledge is a dangerous thing." One wonders too, at the decisiveness of some of the statements under treatments. It is expected, of course, that the nurse would ask the doctor's approval before carrying out some of the drastic treatments suggested.

Inevitably the question of changing medical knowledge presents itself. It would be hard indeed not to omit something. One example of this is that the use of "Insulin" or "Iletin" in cases of Diabetes has not been mentioned.

DOROTHY DEMING

LE SERVICE SOCIAL A L'HOPITAL

Madame Ed. Krebs-Japy
Ancienne externe des Hopitaux de Paris.
Les Presses Universitaires de France

Medical social service in the United States is an accepted fact and questions which arise in connection with it are no longer as to its place in the well regulated hospital. Even so, the hospital social worker does at times need encouragement and stimulus. She will find this in Madame Japy's thesis, *Le Service Social a L'Hopital.* Madame Japy is a French physician and wife of a physician and she presents in a remarkable manner the history of the development of hospital social service in the United States and the progress made since the war in France.

The portion devoted to work in France is of great interest; its modest debut in April, 1914, its cessation three months later followed by a fresh start in two months time, and since then continued progress which would scarcely have come to pass had not the war brought in its train acute situations which developed awareness to the possibilities which lay in this method of approach to problems of need and suffering. Madame Japy acknowledges a great debt to the American Red Cross and the Rockefeller Foundation. The procedure used is most carefully systematized and the service cards are well thought out.

By no means the least interesting comments are those on the status of hospital social service in other lands upon which Madame Japy appears to have reliable information covering twenty countries. No aspect of the situation has been overlooked, and one turns the last page with a sense of respect for the woman who has not been tempted to any superficial, emotional presentment of her subject, but in a true professional spirit has sought her facts on the highways and byways of medical, nursing and social literature, and because she really knows what has been achieved

is in a position to point the way to her own people.

MARION WEBB.
Cornell Clinic, New York.

EDUCATION AND TRAINING FOR SOCIAL WORK

A recent publication of the Russell Sage Foundation by James Hayden Tufts, Professor of Philosophy at the University of Chicago, is entitled "Education and Training for Social Work." This book stands in a somewhat analogous position to the problems of education for social work, to the recent report of the Rockefeller Committee for the Study of Nursing Education.

It is different from the nursing "report" in that it may be considered more the work of one individual rather than that of a committee. It also differs in that education for social work does not involve a "revolution" of existing practices and radical changes in established institutions which are of such vital importance in every community in which schools of nursing exist.

The book is divided into two parts. Part I considers "The Field of Social Work"; Part II, "Problems of Education."

Part I defines the field of social work in five ways and outlines the "Central Field of Social Work" and the "Broad Field of Uncertain Delimitation." This analysis is very illuminating. It should help those of us who are in the "border fields" to comprehend more clearly our common aims and our relation to all other social and professional workers with whom we are constantly trying to cooperate.

Part II, which deals with the problem of *education*, has much that is of value to nurses who are interested in their own great problem, nursing education, especially public health nursing education.

G. E. HODGMAN.

Philadelphia V. N. A. Manual

Both organizations and individual nurses will find in the new Nursing Manual of the Visiting Nurse Society of Philadelphia many helpful suggestions. It outlines not only nursing technique, but the principles and policies of this organization and states what the organization feels is the nurse's part in the community health program. The care in communicable disease is especially well outlined, giving consideration not only to nursing care, but to the relation of the patient to the other members of the family and to the community. The policies developed to prevent duplication and overlapping of the work of the Visiting Nurse Society and other agencies in Philadelphia are also admirably outlined—Price, 25 cents.

Study Outline of the Pre-School Child—Prepared for the National Congress of Mothers and Parent-Teacher Associations by the American Child Health Association.

Surely "the Runabout," "the Toddler"—if he chose to be intellectually articulate, can no more complain of neglect. No longer must he remain "the baby" to secure protection, or start his school career to again be guarded and guided in the pursuit of health. As Dr. Gesell says in the pamphlet on *The Kindergarten* to which we have called attention, it is during this still tender but growingly sturdy period of his childhood: "On every level of behavior, the physiological, the sensory-motor and the psychical, he is acquiring both healthful and unhealthful habits of activity. Although he may not learn to read in the pre-school years, he is mastering the alphabet of life."

Here is another pamphlet devoted to him and directed to that large body which after all must be the one most vitally interested in the "Toddler" child.

It is made up of "Study Outlines" with a preliminary chapter, admirably to the point, on "Suggestions" for the

use of the outlines. Characteristics of the Growing Child; His Needs; Keeping him well; The Child and the Community—are some of the subjects covered. All very simply put, practical and clearly defined. Recommend it to Mothers—and Fathers—and teachers. One wishes "City Fathers" could also take it in. You will want it too—*American Child Health Association, 370 Seventh Avenue, New York City.*

The child is acquiring attitudes as well as information.

The Kindergarten and Health—This useful and attractive pamphlet with its margins gaily illustrated (as above) not only outlines certain changes in policy that will enable the kindergarten to "function more effectively as a health promoting agency," but in Part I, written by Dr. Arnold Gesell gives in brief and especially interesting form the periods of child life which the kindergarten influences, and the other agencies which must be considered in relation to it.

Part II by Miss Julia Abbot takes up Health Education in the Kindergarten. It has that charming "air" Miss Abbot puts into all her things; is delightfully suggestive and contains quotations of the kind we love.

Miss Abbot says, "The emphasis upon the kindergarten as a health agency gives new dignity to kindergarten teaching—in a very real sense this school chapter may be a new beginning for each little child."

Mothers, aunts or nurses as well as teachers will like this little booklet—*The Government Printing Office, Washington, D. C. Price five cents.*

Ten Years' Work for Children, by Miss Grace Abbott, is a history within the limits of a ten-page pamphlet of the Children's Bureau.

Those of us who have followed the admirable work of this most human and appealing of the Government Bureaus from its creation in 1912 will be interested to read in this succinct form its consecutive efforts and achievements. For those younger ardent spirits whose "public health memory" does not go back so far, we recommend a study of the facts of government endeavor in the field of child health conveyed so ably by Miss Abbott in this pamphlet.

—Children's Bureau — Government Printing Office, Washington, D.C

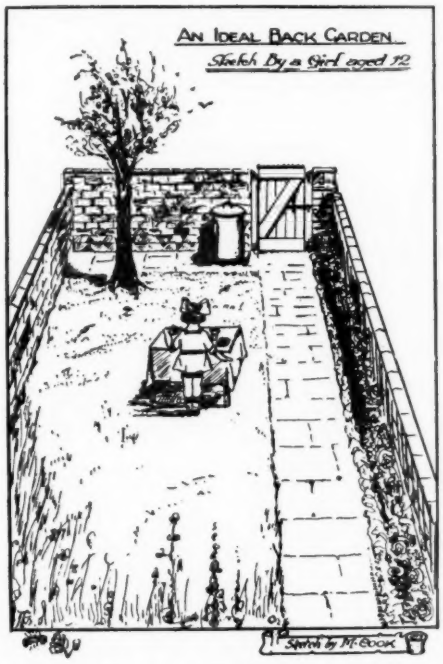
The U. S. Public Health Service *Report* for November 2nd, in an article on *The prevalence of Poliomyelitis,* says:

> The late summer and fall of 1923 have brought a somewhat larger seasonal increase in the prevalence of poliomyelitis in the United States than occurred in either 1920 or 1922, although a smaller number of cases has been reported than that recorded for 1921. The greatest number of cases has been reported from New York, Massachusetts, New Jersey, Kansas, California and Illinois.

The article contains tables giving the number of cases reported to the Public Health Service by the State health officers.

The Department of Public Health, City Hall, Toronto, Canada, has recently published a small but valuable pamphlet. The first part contains nine *Health Talks to Children,* brought down to the essentials to be covered in each one—with references.

Part two takes up Acute Communicable Diseases, with general information concerning them. In this is included excerpts from Regulations adopted by the Ontario Provincial Board of Health. A handy little pamphlet.



With acknowledgments to the Cleethorpes Urban District Council.

If you "ask the children" of Cleethorpes, an English seaside resort, they are likely to tell you that *How We Can Assist to Make an A-1 Nation* is the most popular issue of the day. Didn't they write a pamphlet on the subject, which the Cleethorpes Urban District Council has issued as this year's contribution to health education? And didn't one artistic maiden of twelve years draw the fascinating and instructive sketch reproduced above?

Cleethorpes is noted for its novel methods of public health propaganda, according to *National Health* but it has probably never scored greater success than with the Carnival held the past summer, when the slogan "ask the children" was first employed.

The Committee for the Crippled of the Brooklyn Bureau of Charities, 69 Schermerhorn Street, Brooklyn, New York, have published two small bulletins—*Facts of Interest to Cripples*. Bulletin I considers "Is Crippling Necessary?" and proceeds to tell in brief question and answer form *how* most of the crippling which exists today can be prevented.

Bulletin II, "About Infantile Paralysis," contains facts in the same form Other bulletins, we understand, are to follow.

Nation's Health for October has an excellent article by Dr. Florence A. Sherman, on the "Habits of Posture as Related to Health and Efficiency." In conclusion Dr. Sherman states the ways in which nurses may aid in this question of "body mechanics."

1. Noting the postural defects in her various contacts.
2. Referring all cases showing such defects to the school health and physical directors.
3. Emphasizing in class room talks the importance of good posture.
4. Making frequent suggestions to the individual children affected and supporting this work by contacts with parents.
5. Noting the adjustments of seats and correcting unsatisfactory conditions.
6. Including in health talks the subject of foot hygiene, and the importance of proper stockings and shoes.

Fresh Air Outings in Child Care: The Medical Point of View. We realize we are a little late in directing attention to this article, which appeared in *Nation's Health* for September. We think organizations and nurses who concern themselves with the problem—and it *is* a problem—of vacations or "outings" for children, will find this article by Dr. Ira S. Wile not only of great interest, but very suggestive and helpful in considering the same problems for either present needs, or future summer work.

The "insert" which accompanies the article says:

> Since it is not possible to furnish fresh-air recreation for all children for whom it is considered socially desirable, what system of selection is to govern the distribution of such privileges?
>
> The author believes that the fresh air facilities offer the best solution of the crying need for convalescent care, and that first choice of fresh air and recreational agencies

should be given to patients discharged from hospitals, or persons who are dispensary charges, or who are under the supervising care of private physicians.

At least fresh air camps should be evaluated and placed accordingly in their proper place in a general scheme of preventive measures. The preventive values of fresh air would then appreciate in meeting the problems of all subnormals, mental and moral, as well as in rehabilitating the purely physical sub-standard children.

Requests for good poster material for clinics are frequent. We suggest that the set recently prepared by the American Social Hygiene Association for the use of venereal disease clinics should prove useful. Its purpose is to emphasize the necessity for patience and co-operation on the part of the patient.

We quote the text of one of the most effective of the posters:

STICK TO IT

Don't get discouraged because progress seems slow.

Don't stop treatment until declared cured by your doctor.

Absence of the symptoms you can see does not mean that you are cured.

THE STICKER WINS

This set consists of six posters, 18 x 10 inches, at $1.00 per set, postage prepaid. It may be obtained from the *American Social Hygiene Association, 370 Seventh Avenue, New York City.*

The Alumnae Journal of the Army School of Nursing in the section devoted to "Experience Exchange" in public health contains a number of "snappy" and succinct paragraphs from which we cull the following:

Graphic chart of communicable diseases occurring in school groups, simplifies traceing exposure and contact cases; starts you almost instantaneously on prevention of secondary cases.

* * *

Keep smiling. Likewise, "it pays to advertise." Give the local press anything in the health line that would interest your community. Let the town know what you are doing.

* * *

The thing I learned while district nursing in Boston was never to tell my patients I was pressed for time. When I pretended to be leisurely, I was "just lovely," and they were going to tell the M. L. I. Agent about me, etc.; when I confided to them I was in a hurry, I was "rough," "ill mannered," "skimped my work," etc. Now I swear I was as painstaking one time as another. The moral of that is, do your hurrying with your hands and not your tongue.

* * *

Save writing to people for references. The N. O. P. H. N. keeps all credentials of its members who wish positions, if they so desire.

Poland is now publishing a magazine with the title, *Child Welfare in Poland.*

New Reprints available from the N. O. P. H. N., 370 Seventh Avenue, New York City:

The Visiting Nurse: A County Service—Dr. Haven Emerson, 10 cents.

Tuberculosis and the Nurse—Anna M. Drake, 10 cents.

The Layman's Responsibility in the Work of The Public Health Nurse—Edward B. Passano, 10 cents.

Three new reprints from the *American Journal of Nursing* of interest to Public Health Nurses—

Thirty Years of Progress in Nursing. M. Adelaide Nutting.

The Difficulties Encountered When Employing Nurses Inadequately Trained in Pediatrics. Richard M. Smith, M.D.

The Problem of the Care of the Child in the Public Health Field. Annie W. Goodrich.

The price of "Songs of Health and Joy," which was reviewed on page 324 of the June PUBLIC HEALTH NURSE, is 25 cents and not 15 cents as quoted.

SPEAKING OF CHRISTMAS GIFTS—

Yale University, which only recently opened its doors to nurses, receives, appropriately enough, the place of honor on the frontispiece of the 1924 Calendar published by the National League of Nursing Education, and now ready for delivery. Each month is represented by a photograph and pen portrait of one of the outstanding figures in the nursing world.

Orders may be sent to the headquarters of the League, 370 Seventh Avenue, New York City. The price is $1.00 per single copy, 75 cents per copy on all orders of fifty or more delivered in one shipment.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

Reports may be irksome in the writing, but they are both enjoyable and instructive in the reading. These reports and extracts are submitted as evidence of the truth of this statement—E. G. F.

THE FIRST PUBLIC HEALTH NURSING CONFERENCE IN THE PHILIPPINE ISLANDS

'OUR first conference of public health nurses was a great success! Every nurse who could possibly reach Manila in the bad weather came. Thirty-two nurses came in from the provinces; two were in Manila waiting for assignment; six of our regular staff who are taking the public health course were released to attend the meeting; the Sta. Cruz district staff of sixteen were on hand most of the time and with the Supervising Staff of six nurses, we had a grand total of sixty-two nurses working for the Red Cross attending the meeting. We had many welcome visitors also.

"The Cebu conference was held in September and thirteen nurses came. They had an excellent program too.

"Among those who made splendid addresses were Mr. John Haussermann, our Chapter Chairman; Miss Alice Fitzgerald of the Rockefeller Foundation; and Dr. Rebecca Parish of the Mary J. Johnston Hospital and Mrs. Jayme C. De Veyra.

"Mr. Haussermann gave us a wonderful vision of the future of the Philippine Islands in its relation to other countries of the Far East. He spoke of the progress and leadership of the Philippines in terms of the service of its citizens. In telling of the value of the nurses' work he made us see how teaching a young mother to care for her baby carefully might reach far into the future and bear fruit for her family, her neighbors and for the future generations. He said he hoped that a nursing service would continue to increase until we had one nurse to every 3000 people instead of one nurse to every 44,000.

Miss Virginia Gibbes, Director of Nursing Service for the Philippines Chapter, American Red Cross, with the Members of the Supervisory Nursing Staff

After hearing his talk we all felt that we indeed had a calling in our wonderful opportunity for service.

"Miss Alice Fitzgerald gave a most interesting account of her study of nursing in various countries when she was director of nursing for the League of Red Cross Societies. She described the beginning of the public health nursing school at Kings College, London, and told of the many nurses there who represented from eighteen to twenty different countries. She made us realize that as public health nurses we are a part of a great world-wide group which is endeavoring to bring improvement in daily living into the lives of people throughout the world.

"Dr. Rebecca Parish chose for her subject the 'Human side of the Milk Station.' She laid stress upon the importance of the spirit of friendliness and understanding in approaching the mothers and the people with whom we work. When she finished we were thinking how we could develop the art of putting ourselves in someone else's shoes better than we had ever done before. She spoke of the value of the friendship and the co-operation of the most humble person whom we may meet.

"Mrs. De Veyra told us of the common ideals of service which the Women's Clubs and the nurses hold. She made us feel that all the clubs are ready to work with us."

VIRGINIA M. GIBBES,
Director of Nursing Activities, Philippine Islands Chapter.

Mrs. Leonard Wood entertained the nurses at luncheon at the Government House on the second day of their conference.

THE ADVISORY NURSE IN THE FIELD

"The train slows up with a jerky movement and stops with a final shriek of its brakes at a little station high in the mountains of northern California—California sure enough, though the ground is white with snow, and a panorama of magnificent snow-capped mountains greets the eye in every direction. Looming high in the near distance, majestic Mt. Shasta, enameled with glaciers and everlasting snowfields, rears its head 14,380 feet into the blue sky. Mt. Lassen, California's much vaunted volcano, emits ominously a faint column of smoke. Siskiyou County with 16,256 square miles, a greater area than the combined areas of the states of Connecticut and Rhode Island, with four-fifths of the country rugged mountains, and a population of a little more than three residents to the mile, is the territory covered by one, lone little Red Cross public health nurse.

"Over hill and down dale she travels through sleet and snow, sunshine and rain, visiting her little rural schools, sleeping at night in improvised beds at neighborly houses or at rough miners' hotels or lumber camps, always a welcome visitor. There she is standing on the platform, a trim, efficient looking person, with a Red Cross cape thrown jauntily over one shoulder. She greets the weary field representative with a sunny smile of welcome. Now has come the long looked for opportunity of 'talking things over with someone who understands,' which the busy nurse, isolated in this distant county, has been so eagerly anticipating. We are to visit Chapter officials, plead with the Nursing Committee to meet regularly, plan for the new year's work, and above all, assure the Division office in San Francisco that funds are forthcoming for the continuance of the previous nursing service.

"A trusty little Ford Coupe, with the hallowed symbol of the Red Cross on its doors, waits on a side street. We are off! The Red Cross Health Center, combining the nurse's office, offers a convenient place for our first cosy talk. Here is told the story of the annoying and obstinate attitude of the principal of one rural school who refuses to allow the chil-

dren to remove their shoes for weighing, as the nurse has requested, as he feels it causes the children unnecessary embarrassment. He frankly relates how unhappy such an arrangement would have been in his own neglected youth, when he frequently had not decent stockings to his feet. We decide to point out to our really kind though mistaken principal, that by giving notice well in advance of the day the nurse intends to visit his school, all the children can be sure of clean, whole stockings, the result being a wholesome lesson for children and parents. We find subsequently that he agrees readily to this suggestion. The Nursing Committee will simply *not* meet once a month. Lodge meetings, bridge parties, church suppers, all take the time of these busy people, so how can the nurse convince them of the importance of conscientiously carrying out their part? We call on the Chapter officials, the County Superintendent of Schools, the Health Officer and the members of the P.T.A., the Women's Clubs and the Chamber of Commerce. We urge them all to come to a general meeting by the middle of the week. We are gratified to find that a goodly number fill the hall at the appointed time.

"In the meantime we industriously gather together, with the aid of the teachers, a group of young boys and girls, and drill them in a little skit to interest our supporters. We arrange a baby welfare conference, the girls being mothers, bringing their dolls, and the boys brave in moustaches and beards, interested and concerned fathers. The dolls are gravely weighed and measured, the nurse, officiating, answers the important questions of anxious parents, concerning diet, hygiene and education. This little play serves not only to amuse the people present, but to enlighten them considerably as to the educational possibilities of such work. We find that the demonstration is extremely well received and we exact a promise then and there from the members of the nursing committee that they will solemnly swear to attend regularly hereafter the monthly meetings and to offer volunteer help when needed.

"The ideals, aims and possibilities of the public health nursing service are explained and then comes the all important question of finance. Unless an increase of funds is found for the new year, the nursing service cannot go on. We refuse to consider its discontinuance. The chairman, a prominent business man in the town, suggests districting the county, including in each old war-time branch of the Red Cross Chapter, a given number of schools and assigning each of these districts a quota, as in war time, according to the number of school children cared for by the nurse. This plan seems to meet with general approval, it being felt that if a definite sum is agreed upon, the people will meet it generously. The consensus of opinion is that it is only fair for the Red Cross to continue its demonstration a little longer, before asking the "County Fathers" to assume the public health nursing program. A general meeting of county representative people is arranged to take place the following month, when definite plans will be laid.

"The nurse tells, in her talk to the assembly, of the small girl in one little rural school who anxiously waved her hand in the air in order to tell the nurse, 'I can drink milk now, 'cause our calf died Sunday.'

"Grateful parents rise to testify to the helpful work of the nurse in the schools. One father interested, tells of his small son, underweight and nervous, who refuses to drink milk. Given a bottle of milk for his lunch, he weeps, protesting that the boys will call him "baby" at school. One fine day, however, the Red Cross public health nurse arrives. All the children are weighed, measured and inspected. Questions of weight, diet and sleep come up for animated discussion. Underweight assumes a certain stigma. A few days later the small boy demands of

his astonished mother a bottle of milk for his school lunch. To her inquiries, he replies, 'Oh! all the fellers are drinking milk now!' The father enthusiastically testifies to the child's improved appearance.

"Other parents present take pains to relate similar experiences. The meeting breaks up with the best possible spirit and the field representative sighs a deep sigh of satisfaction knowing that the precious nursing service, owing to the loyal, conscientious work of the nurse, is definitely assured."

DOROTHY LEDYARD,
Field Nurse, Pacific Division.

* * *

"Early in the month I had the opportunity of joining a party and visiting the southwestern part of the County. In this party were Mr. Miller, Superintendent of Schools, Miss Brackett, County Librarian, Mrs. Henshall, State Library Organizer, and Miss Ravelle, Assistant to the County Librarian. By going in force this way we were able to visit the remote schools which I should never have been able to visit otherwise. In making this trip we drove about 200 miles by machine, and 80 miles on mules. When we reached the remote town of Cecilville, the only family there was unable to provide sleeping accommodations. We were delighted to find a fine soft hayloft in one of the barns, where we spent two nights. We made it a real picnic by cooking our meals in the meadow. We were away from headquarters a week."

AGNES J. BRYANT,
A. R. C. Public Health Nurse, Siskiyou County, Calif.

* * *

Miss Florence Moran, A. R. C. Public Health Nurse, Newport, Vermont, reporting much prenatal and maternity work, tells of one very interesting case, a prenatal that she is visiting: "Before my visit ended, eight neighbors and their babies gathered at the house, a splendid nucleus for a child welfare conference. Now, each time I visit that particular case, they all gather in the kitchen to get whatever information I may give."

* * *

"It was interesting and gratifying to find a young mother who has recently come from England, visiting the Topsham Conference with her baby. She did this because she had been in the habit of regularly attending baby conferences in England."

LOUISE MORRISON,
A. R. C. Public Health Nurse, Brunswick, Maine

"INSPECTION" *School Pupil, Carrolton, Ill.*

When our Community Nurse comes in,
It's so still you can hear the drop of a pin,
And we think in dismay how we got in a rush
And completely forgot to use our tooth brush.

Oh, Donald and Billie, you're much too thin,
On cocoa and milk you'll have to begin,
"Your hair is not brushed," she said to Jack
And your hands and face are very black.

Jane you are much too fat, that will never do,
On a very strict diet we'll have to put you;
May, are you sure you are up to weight for height?
No, I am only forty-eight, six light.

We've been measured and weighed and inspected with care,
Our ears, our throat, our teeth, our hair,
If we did everything the Nurse has to say,
We'd be happy and wealthy and ready to play.

NEWS NOTES

THE PASSING OF MISS AMY HUGHES

The death of Amy Hughes in London, England, in September of this year, marked the passing of a link with the great personality of Florence Nightingale, and also of a member of that little group of English pioneers who gave themselves with such ardor to the development of the "new art and new science—and with it a new profession—so they say; we say, *calling*" as Miss Nightingale wrote in 1894 — whose lives held a unique measure of noble usefulness. Amy Hughes entered the School of Nursing in St. Thomas' Hospital, London, in 1884, completing her training there. On the advice of Miss Nightingale she joined the Metropolitan and National Nursing Service where she began her long service in the interest of the "sick poor" and later in National health work. When Queen Victoria's Jubilee Institute for Nurses was established Miss Hughes was enrolled as a Queen's nurse and still later qualified as a midwife, a branch of work in which she was always keenly interested. From 1905 to 1917 she held the arduous position of General Superintendent of the Queen's Institute. Since then she has been a member of the Council of the Institute. Among the interesting events of her active life was six months spent in Australia, studying the start of that picturesque form of visiting nursing, "bush nursing"—now, we note, so modernized as to be provided with "wings" to carry the nurses to their distant errands. All that concerned the health and welfare of women and children especially, enlisted Miss Hughes' practical interest. She served on many National Committees, was a Councillor of the City of Westminster, a member of the National Council of Women and of the Guild of St. Barnabas. Her personal life was full of the same love of humanity expressed in practical and sympathetic help. Animals were her friends and she theirs.

Miss Hughes was present at the first important gathering of nurses in this country held during the World's Fair at Chicago in 1893, where she presented a paper on the development of "district nursing" in England. The writer remembers her tall figure at the meeting of the International Council of Nurses at Buffalo in 1901. During these visits Miss Hughes saw the development of public health nursing in a number of cities here and in Canada and maintained a keen interest in American methods. She contributed in 1918 to this magazine an article on *War and the Public Health Nurse.*

ANNUAL REPORT

Hartford, Conn.

The Hartford Visiting Nurse Association presents its report for 1922—1923 in most attractive guise. Delightful illustrations in black on creamy yellow paper. A number of interesting achievements mark the year. Amalgamation with the Babies Hospital Health Stations, Inc. (This is a new term to us). In this year also the Hartford Tuberculosis Society turned over to the Association all active and contact cases and through their financial contribution made possible the organization of a new department. A "Paid Delivery Service" for patients enrolled in the Pre-natal Service has been inaugurated, and an Hourly Service for patients able to pay for nursing care. A Child Guidance Clinic has been established at one of the Health Stations as a demonstration. From the James J. Goodwin Fund, established this year, the salary of the first Memorial Nurse will be paid. Notable accomplishments for one year.

With the Report came the Office Manual, Rules and Nursing Technique, and a nice little bit of pub-

licity in the shape of a *Nurse's Bag.* ("Autour d'un sac") all printed in the same attractive coloring.

NEWS FROM THE FIELD

PUBLIC HEALTH NURSING AMONG CHIPPEWAS

The health problem of the American Indian will be approached from a new angle when two Indian nurses, appointed through the joint efforts of the Minnesota State Board of Health and the American Child Health Association, take up public health nursing among their own people. These nurses are Mrs. Marie Broker Hoffman of Chippewa descent, a graduate of Hampton Normal School, a registered nurse, a member of the Army Nurse Corps during the war and Superintendent of the Indian Hospital at Red Lake Agency, and Miss Theodora B. Davis, whose grandfather started the White Earth Reservation, and who is a high school graduate, a registered nurse, a member of the Army Nurse Corps, and formerly public health nurse in Grant County, Minnesota.

It is hoped that properly trained Indian nurses, who know the language, habits, customs and traditions of their people, may be able to make preventive measures among their race more effective. The extraordinary love of the Indians for their children should be a great asset in ensuring proper care for mothers and babies.

In connection with the whole problem of the health of the Indian, a problem which has never been adequately met for many reasons, including the attitude of the Indian himself, it is interesting to note that hospitals at White Earth, Onigum, and Fond du Lac, near Cloquet, abandoned two years ago, have been repaired by the Bureau of Indian Affairs, which has assigned Bureau physicians to the two former places, and established a contract physician at Cloquet. The Bureau is also planning to fit an abandoned Indian boarding school into a hospital for use as a tuberculosis sanatorium for Chippewas.

Miss Alice Fitzgerald, who went from the Philippines to Japan in charge of a group of nurses directly after the disaster, has returned to Manila. Miss Fitzgerald writes that she left a group of fifty-seven Filipino nurses to help out the United States Army Relief Expedition, and says tersely, "It is all very hideous."

The Nobel Prize for Medicine for 1923 has been awarded to Dr. F. G. Banting and Dr. J. J. R. MacLeod of Toronto, for their discovery of insulin.

California

Important changes in the regulations governing the examination and registration of public health nurses in California were resolved upon in October by the State Board of Health, following a two years' effort by the public health nurses themselves.

Applicants for examination for certificates as public health nurses must now: (1) be registered nurses under the laws of California; (2) have completed a four to eight months public health nursing course in a school approved by the State Board of Health; or have completed at least a four months course of post graduate work in social service; or shall present evidence of having engaged in public health nursing for at least two years in connection with a public health organization approved by the board. Credit of five per cent is given to those who have taken a four months course, and of ten per cent to those who have completed an eight months course.

Although this resolution differs in some degree from that adopted by the State Organization of Public Health Nursing in California, it meets

the present demand. Previously nurses who had not completed an eight months course of public health training were ineligible for examination, even if they had taken shorter courses, or had had several years work in the public health field.

Connecticut

The Visiting Nurse Association of New Haven, Conn., has decided to discontinue its obstetrical service the first of January. This move follows a request by the Association for $6000 to increase this service, and the decision of the Community Chest that it was impossible to increase the budget.

Mississippi

The state meeting of the public health nurses of Mississippi was held in Jackson, October 25th, with a large attendance. Miss Mary D. Osborne, Director of Public Health Nursing and Maternity and Infant Hygiene, presided. Dr. W. S. Leathers, Executive Officer State Board of Health, discussed the policy of the State Board Relative to Corrective Work. Dr. F. J. Underwood, Director of the Bureau of Child Welfare, spoke on Professional Relationships.

Short, clear-cut presentations of the various activities of public health nursing as conducted in the state were given on the following subjects:

Baby and Pre-school Conferences: Ida L. Hood.

Health Pageants: Eva Wade Duke.

Growth Classes: Sarah Robertson.

Health Work in Public Schools: Nancy J. Ellzey.

Health Exhibits: Martha I. Giltner.

Care of Tuberculosis in the Home: Velma Stewart.

Home Hygiene and Care of the Sick: Instruction: Lura G. Heath.

The Role of the Public Health Nurse in Corrective Work: Abbie G. Hall.

Records and Reports: Mary D. Osborne.

Organization of Midwives in County Nursing Service: Virginia McNeill.

Importance of Visits to Homes of Midwives: Violet Crook.

Bedside Demonstration for Midwives: Inez Driskell.

Contact Visit to Hospital and Tangible Results: Agnes B. Belser.

Volunteer Service: Bertha H. Lonas.

Round table discussion of the papers was conducted by Miss Jane Van de Vrede, Director of Nursing Service, Southern Division, American Red Cross.

Motion pictures on health subjects concluded the program.

Missouri

Miss Pearl McIver, Director of Public Health Nursing, Division of Child Hygiene of the Missouri State Board of Health was a delegate at the state meeting at Springfield, Mo., October 8–10th. She was chosen to represent the Seventh District of the Missouri State Nurses' Association, which met September 20th at the Callaway County Hospital, Fulton, Mo.

New Jersey

The New Jersey State Organization for Public Health Nursing met November 10th in New Brunswick at the Laurel Club, which is connected with the Johnson and Johnson manufacturing plant. Delightful entertainment was provided by the club and the firm and an interesting program was presented. The speakers included Dean Douglass of the New Jersey College for Women, Col. Frederick Albee, M.D., chairman of the State Rehabilitation Committee, and Dr. Robert E. Humphries, Surgeon in Chief at the Orthopedic Hospital in Orange.

Important business transacted was the adoption of a revised constitution and by-laws, an article of much interest being a provision for an Endowment Fund of $2000 for educational purposes. The New Jersey State Organization for Public Health Nursing is now a state branch of the National Organization for Public Health Nursing.

New York

At the Annual Meeting of the New York State Organization of Nurses, Buffalo, New York, October 22, the following officers for the New York State Organization for Public Health Nursing, were elected:

President—MATHILDE S. KUHLMAN, R.N., Director, Division of Public Health Nursing, New York State Department of Health.

Vice-President—MRS. BERTHA H. GIBBONS, R.N., Chief Nurse, Health Department, Buffalo, N. Y.

Secretary—ELIZABETH STRINGER, R.N., Superintendent, Brooklyn Visiting Nurse Association.

TREASURER—MARION W. SHEAHAN, R.N., Supervising Nurse, New York State Department of Health.

Directors—
SARAH G. OLMSTED, R.N., Oswego State Normal School.
ANNIE L. HANSEN, Superintendent, District Nursing Association, Buffalo, N. Y.

Ohio

The first Institute for Public Health Nurses in Ohio was held at Ohio State University October 10th and 11th, and drew an audience of at least 200 nurses.

Pre-natal and post-natal care of mother and child were interestingly demonstrated and described. First came a demonstration by Miss Clara Wilhelm of a Home Visit to a pre-natal patient. Then came post-natal care. Miss Margaret Kauffman described the many ways in which a visiting nurse can be of assistance in such matters as oral hygiene, diet and household management.

Miss Margaret Hope gave an able talk on "Milk Modification" and exhibited a new type of bottle, and a practical and inexpensive bottle cap.

At the Infant Welfare Clinic conducted by Miss Edna Womer, model clinic equipment was shown.

Miss Bogrott of Akron, demonstrated methods of treating paralysis following polio-myelitis in contra-distinction to methods used in treating spastic paralysis.

Dr. Esther Richards of Johns Hopkins University gave an enlightening talk on the "Trail of Mental Hygiene in Public Health Nursing."

Miss Helen Boyd, Superintendent of Nurses of the Mansfield Child Health Demonstration, showed pictures and described the work of Demonstration.

Miss Marion C. Howell described the technique to be observed in communicable disease nursing.

Pennsylvania

At the meeting of the Pennsylvania Graduate Nurses Association, held in Pittsburgh the week of October 22nd, it was voted to apply for a state branch affiliation with the National Organization for Public Health Nursing. The following officers were elected:

President, Miss Netta Ford, York, Pa.
Vice-President, Miss Emma Scheideman Pittsburgh.
Secretary, Miss Annie Laurie, Erie, Pa.
Treasurer, Miss Olive Myer, Hazelton, Pa.
Directors, Miss Katherine Tucker, Philadelphia, Pa., and Miss Caroline Robelin, Pittsburgh, Pa.

Tennessee

Public Health had a conspicuous place on the program of the meeting of the Tennessee State Nurses' Association which was held in Chattanooga, October 8th and 9th.

Washington

The Washington State Organization for Public Health Nursing has recently become a State Branch of the N. O. P. H. N.

At a quarterly meeting held September 20th in Spokane, a revised constitution and by-laws were adopted. Professor Weinzirl of the University of Washington talked interestingly on "The Importance of the Nurse's Work to Hygienic Welfare."

Mrs. Soule gave an entertaining report of her trip East as a member of the magazine committee of the N. O. P. H. N.

Twenty Presidents and Superintendents of Visiting Nurse Associations from a number of mid-western cities attended a Mid-Western Conference arranged by the Chicago Visiting Nurse Association for November 7th and 8th.

The American Home Economics Association will meet in New Orleans, La., December 28—January 2.

The American Sociological Society will hold a conference in Washington, D. C., December 27–29.

THE PREMIER PRESS, CLEVELAND